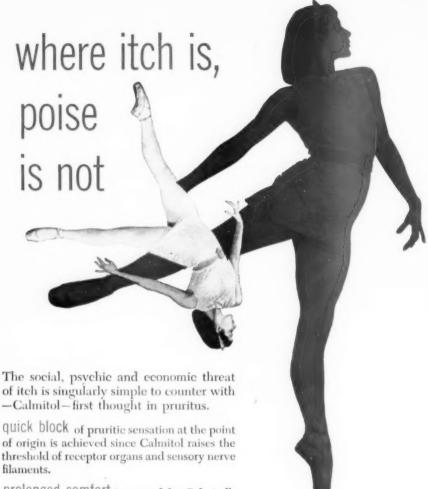


RN.

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#### cover credits

Inc.

7, N.Y.

Photographer: Walter Herstatt Cap and Pin: Provident Hospital, Chicago, Ill. First school of nursing for Negro nurses in the U.S.

#### editor:

Alice R. Clarke, R.N.

assistant editor:

Marion Scraver Gibba

art director:

Jo Brown

Circulation 150,000 registered nurses monthly. Copyright 1948, The Nightingale Press, Inc., Rutherford, N.J. Lansing Chapman, Publisher. 25c a copy. \$3 a year for inactive nurses (Canada and foreign \$3.50).



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But Minit-Rub is a *modern* counterirritant – your patients will appreciate its clean simplicity.

Minit-Rub combines oil of mustard, menthol, and camphor in a stainless, greaseless, vanishing base — it will not stain or harm fine fabrics. Through its pronounced analgesic action, Minit-Rub relieves the discomfort of aching chest muscles in uncomplicated chest colds—its clean invigorating odor relieves the feeling of nasal congestion.

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Ordinary nurser. Moving lights show motions needed to place nipple in feeding position.

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Eveready's pure gum nipple has a flat top (like Mother Nature)—and a dependable *valved* air-vent to reduce air-swallowing and "spit-up." The non-slip, non-roll bottle is *guaranteed* against heat breakage.

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And isn't that the specific type of action you seek when treating such conditions as simple headache, minor neuralgia or menstrual pain?

This reliable analgesic is on the shelf of your favorite drugstore or hospital pharmacy. Why not try it today?

for Rapid, Prolonged Analgesia rely on



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WHITEHALL PHARMACAL COMPANY
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# DEBITS & CREDITS

#### The Real Shortage

Dear Editor:

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In Dorothy Deming's article "Why Practical Nurses" [R.N., July], she has only *mentioned* the real trouble—low salaries.

She has failed to show that all too often a maid or unskilled laborer makes more money than a general duty R.N. She has unfortunately used a private duty figure. Most people employing private duty nurses do not consider the cost.

Private duty nurses are underpaid, but the poor general duty nurse who usually has to "work like a dog" fails to make even that which a house servant receives.

I strongly contend that there is no shortage of R.N.'s but rather a shortage in their pay envelope. Get the salaries up where they belong and the whole trouble will disappear overnight.

CHARLES K. INGRAM, R.N. FORT LAUDERDALE, FLA.

#### Are We "Hush-Hush"?

Dear Editor:

R.N. of Marshfield, Wis. [R.N., July] says in effect, "advertise nursing... make yourself heard!" I have just made an interesting observation in connection with this.

I have written a number of letters to magazines and radio programs

and, invariably, when I mention nurses or nursing the letter hits the waste basket. The reason is not that the material is poor or objectionable, for I can take the same letter and change the characters and setting to teachers and school, or office girls and offices and the letters are aired or published.

Is it that the press and radio are afraid to make known nursing's short-comings? Is there a group designed to censor such things? It makes me wonder if other nurses have had similar experiences.

R.N., LONG BEACH, CALIF.

#### Markets for Handiwork

Dear Editor:

In the August issue of R.N. there was an inquiry regarding a market for handiwork. We have been closely associated in the infant's wear field for many years and hope these suggestions may help.

The best market is your local department store, specialty shop, maternity shop or gift shop. Make an appointment with the buyer for the infants department either by letter or phone, or, if you call in person, so





# they're both made almost entirely by hand!

Crafted without a single seam, bulge or ridge on the sole! Not a single nail anywhere! No stiff toe-boxes to cramp your toes! No counters to blister your feet! And such meliow, such soft, such supple calf! Your feet will love your Haymakers... and you'll adore their beauty. White Elk. Also in red, black and brown. Sizes 4-10, Widths AAAA- \$12.95 At your favorite store, or mail us this order:

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much the better. Have your work attractively boxed and present it piece by piece. If your handiwork appeals to her, you will have a good market. If not, and you have established a friendly contact, she may suggest names of salesmen who would sell your product on a commission basis. This is practical, because you would have the advantage of a larger territory.

Hospitals frequently have their own gift shops and, in several cases, older, retired nurses have a small gift counter near the office. Hotels, too, often have fine gift and novelty shops in the lobby. Do not ask saleswomen for advice. Go directly to the manager or the buyer.

There is a direct to consumer possibility. By advertising in magazines read by women, particularly the little magazines that are distributed free in infants departments (*Baby Talk, Our Baby, Parents*, etc.), you may receive orders by mail. However, this is somewhat expensive and slow.

We know of many women who supply department stores in larger cities, so we urge this as your first contact.

R.N., CHICAGO, ILL.

#### Dear Editor:

In reply to the inquiry by R.N., Ventnor, N.J. [R.N., August] I can suggest some outlets for her work. I too crochet and make dolls, but as I am employed full time, I make gifts only for friends.

Begin first with friends who are teachers in large cities or members of church societies. They can show

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Bennett's experiences, gained by linking physiology with clinical medicine, led him to institute the practical study of histology, to recognize the medicinal value of cod liver oil, and to be the first to describe the blood condition leukemia—Bennett's disease.



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YES! Millions of smokers found that cool, full-flavored Camels suit them best. Try Camels! See how the rich flavor of Camel's choice tobaccos pleases your taste. See if Camel's mildness isn't welcome to your throat. Yes! Let your taste and throat tell you why, with smokers who have tried and compared, Camels are the "choice of experience."

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For Children, Adults and the Aged

SEECK & KADE, INC. NEW YORK 13, N. Y. samples of your work to their associates or sell articles for you at school and church affairs. Gift shops and tea rooms sometimes sell articles on a commission basis.

I have been told that yarn companies are anxious to have women who can make samples of articles shown in the crochet and knitting books. If you follow written directions and can satisfy such a company, I am told they pay quite well. Good luck to you.

R.N., BAYSIDE, N.J.

#### "... As Others See Us"

Dear Editor:

Here are my sincere compliments to J. Green of Independence, Kan., on her letter "Pride and Prejudice" [R.N., August]. All I can add is "We are as others see us!"

VERA A. C. KLEIN, R.N. DELTA, OHIO

#### A Former Cadet

Dear Editor:

I read with interest Ruth Gebhardt's letter [R.N., August]. I was a cadet and am grateful to our country for allowing me to enter and complete my training. As Miss Gebhardt said, many of us wanted to be nurses before the Cadets Corps was formed. Many of us could not afford to enter training. The Government offered us this golden opportunity.

Granted that some girls were lured into the Corps by uniforms and ideas of romantic glamor, I believe most of these girls were eliminated within high cost of living

is shooting us all sky high!

When living costs rise like a rocket, that's every bit as bad for business as it is for customers. Fewer people buy when prices are too high.

In our own business we do everything we can to keep prices down and quality up. Once each month key men from all our companies sit down to plan new ways to increase efficiency and improve products-so you will get top quality at lowest possible price.

Here are some figures which show how milk prices compare with food prices, from 1939 to 1948:

Increase in cost of food . . . . 116% Increase in cost of fluid milk . 78%

Notice that milk has not increased nearly so much as the average of other foods. Our profit from all of our milk divisions averaged less than 1/2 cent per quart sold in 1947-far less than the public thinks business makes-and much less than the average profit in the food industry.

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An impartial national survey shows that most Americans consider 10%-15% on sales a fair profit for business. Compared to this, the average profit for the food industry is less than 5%. And National Dairy's profit in its milk divisions in 1947 was less than 2%.

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Fine, immaculate white virgin wool—so soft—wonderfully washable. Professionally becoming, cozy warm. Grosgrain V-neck and center panel; ocean pearl stud buttons, ribbed cuffs and hem. Sizes 34 to 46. Only \$6.95. SILK-EMBROIDERED "RN" CREST ON POCKET.

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the very first year of their training.

Our hospital, like many others, was short of R.N.'s during the war. The cadet nurse worked hard and did her share of nursing care. Many senior cadets were in charge of positions that, in normal times, would be filled by R.N.'s. If we could meet the requirements and the responsibilities then as cadets, we certainly can fill them now, as R.N.'s.

DOROTHY GASS, R.N. BLOOMFIELD, N.J.

#### Curious

Dear Editor:

A short time ago I saw the movie "Homecoming." In one scene in an Army field hospital as Clark Gable, "the medico," made his rounds, he stopped and spoke to a patient. Turning to the nurse he said, "This man is still in shock." But the patient had a pillow under his head. Don't "shock" patients have their heads down any more?

R.N., WALDEN, MASS.

[According to current textbooks not written in Hollywood, the patient who is in shock is kept flat, and the foot of the bed is usually elevated on shock blocks.—THE EDITORS]

#### Mutual Agreement

Dear Editor:

I am a registered male nurse and the letter, "Equal Footing" [R.N., July], expresses my thoughts very well. I would like to contact R.N. of New Orleans and compare notes on what we can do in order to change these conditions. [Turn the page]

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\$7.95 and \$8.95
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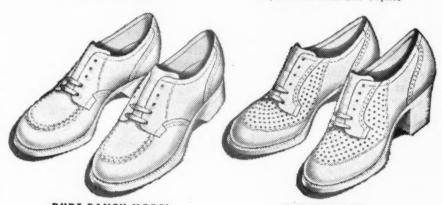
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I have been trying to get a commission in the USPHS for nearly two years, but the rules do not permit male nurses to receive a commission in this group nor in the Army or Navy Nurse Corps.

I would also like to express my appreciation to Mary Casey for the kind words in her letter, "Male Nurses" [R.N., July].

JAY C. WERTMAN, R.N. BALTIMORE CITY HOSPITAL BALTIMORE 24, M.D.

#### Dear Editor:

I'd like to go on record as one female R.N. who'd like to see the male R.N.'s get a break. While in the Navy Nurse Corps, I worked with some fine young men who were 4.0 registered nurses. It isn't fair to commission a woman with the same training or less than a male nurse and not accord him the same courtesies. Male nurses are essential in our profession and I'd like to see more men become interested, but how can they without incentive?

R.N., COLOMA, MICH.

[Brig. General George E. Armstrong, Deputy Surgeon General, U.S. Army, when recently questioned on the commissioning of men nurses in the Army, stressed one strong point: "Army nurses of either sex must accord patients all the usual care required by the duties of their profession, including a variety of intimate offices and quasi-menial services. Women of officer rank can render these services without incongruity, while men of rank could not.



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To commission a male nurse would effectively terminate his usefulness as a nurse, and make impossible his further employment in that capacity. The particular purpose for which he had been given officer rank would thus be defeated, and such appointment would not remove his lack of the officer qualifications to do duty in any other capacity compatible with such rank." Nurses who have served with both Army and Navy will understand more readily General Armstrong's thinking than those who have not. When viewing this controversial subject as objectively as possible. it does seem that many changes in the traditional officer and enlisted men relationship would be necessary before such commissioning would be feasible.-THE EDITORS]

#### No Menace Here

Dear Editor:

For some reason that bugaboo, the undergraduate practical nurse, seems to haunt an amazing number of R.N.'s.

The undergraduate practical nurse is without professional standing or protection. She is, almost without exception, abysmally ignorant of the sciences which the R.N. takes in her stride. She does no important medications nor treatments. She is the "granny" nurse, relieving the R.N. of much drudgery, doing her utmost for the patients entrusted to her care.

She does not, nor can she ever, replace the trained R.N. To be jealous of her earning as much as she is able, or to fear that she is an economic menace to the competent pro-

# easy to administer, pleasant to take prompt to act

A balanced saline combination which acts by simple osmosis to dilute fecal residue and produce soft fluid bulk ...

Stimulates peristalsis and promotes speedy but gentle evacuation.











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General Offices - Evanston, Illinois

fessional, seems almost as absurd as for a top-drawer specialist to fear competition from a struggling young G.P.

To the apprehensive R.N. I recommend Miss Dorothy Deming's well-presented and eminently sensible article "Why Practical Nurses" [R.N., June-July]. It should serve to banish this bogie for keeps.

MARIE LINDQUIST, R.N. SAN FRANCISCO, CALIF.

#### Broken Record

Dear Editor:

I have been reading and hearing so much about the shortage of nurses that it reminds me of the "old broken record." It gets stuck on one line, "Why is there a shortage of nurses?"

As far as I can see, there is no shortage in any field of nursing except bedside nursing, and there is certainly a definite shortage there.

The practical nurses are encroaching on the R.N.'s duties, and who are we to complain when it is our fault? They are trained to care for the patient while the R.N.'s are kept busy with paper and book work.

The training schools of today should start a movement called "Back to the Care and Comfort of the Patient," and not have so many hours of theory that the poor student nurses can not find time to give the proper care and attention to their practical side of nursing. We should train a nurse to be a bedside nurse, not a glorified accountant.

DOROTHY S. OWENS, R.N. BAINBRIDGE, N.Y.

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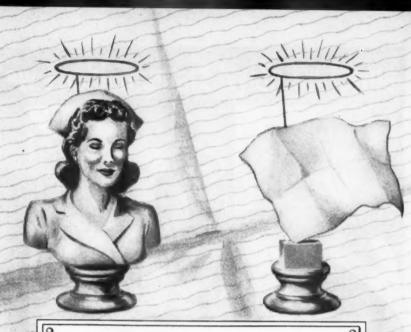
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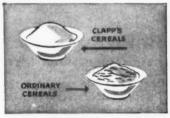
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#### Easier to digest



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### SCIENCE SHORTS

If South African toads didn't cost \$10 a piece, didn't need a diet of horse meat, and didn't need the facilities of aquaria to survive, patients could be informed within six to eight hours whether they were pregnant or not. Unlike the bunny, the toad does not have to be killed and can be used over and over. Too bad these imported toads require such an expensive upkeep in these days of inflation.

Glucerine, which until recently was dependent largely upon the importation of fats and oils, is now being produced synthetically from petroleum, salt and water, in the Shell Chemical Corporation plant.

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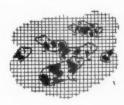
Dr. Nathan Schock, chief of the Gerontology of the on USPHS, has stated that studies of the cell tissue in aged persons show no evidence of change in cell composition in those cells that remain active in aged persons. There is only a loss in the number of functioning cells. Dr. Schock thinks, therefore, that progress can be made in alleviating the diseases of old age through proper nutrition and further study of metabolism in the aged.

Aureomycin, one of the newer antibiotic drugs, used locally as a 0.5 per cent solution, produces remarkable results against several kinds of conjunctivitis and is also effective against Mooren's eye ulcers, write Drs. A. E. Braley and Murray Saunders of New York in a preliminary report in the IAMA.

Dr. William A. Albrecht of the department of soils at Missouri University has reported that persons living in dry climates tend to have better teeth than those who do not. Areas with heavy rainfalls have had many of the chemicals which supply the protein-rich diet necessary for good teeth washed out of the soil.

Experiments at the Beth Israel Hospital in Boston in infusing hemophiliacs with blood plasma three or four times a week for a prolonged period of time has proved quite effective in the prophylactic therapy of hemophilia.

A panel discussion on obesity, held at the New York Academy of Medicine, decided that overweight was almost entirely due to overeating with only one per cent of fat persons havglandular conditions which would account for overweight. How-



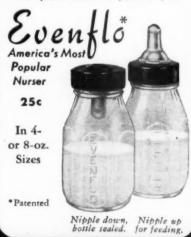


#### Ideal for Hospitals

Pediatricians are always glad to see the 4-oz. hospital size Evenflo Nursers used. They know that both! premature and normal babies willfinish their bottles better because! Evenflo's patented valve-action nipples are easier to nurse.

Nurses in maternity wards like Evenflo because its nipple, bottle, cap, all-in-one saves time and the wide-mouth Evenflo bottles are easier to clean and fill. Write for special hospital prices.

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ever, psychological factors were sighted as contributing causes. Foremost among these were the emotionally immature who take on weight as a protective wall against the outside world and the emotionally frustrated who overeat to compensate for failure and frustration. It was also pointed out that some people gain weight through fear. Fun was made of them as fat children and they became seclusive, retaining their fat as a protective wall against the outer wall.

More than seven million persons in the U.S. suffer from some form of arthritis or rheumatism, most neglected major cause of suffering in the U.S. Of all persons beyond middle life, 97 per cent develop some form of this joint and muscular disease.

Many persons suspecting they have peptic ulcers may instead have a small pouch near the stomach, or duodenal diverticula, which causes pain and a feeling of distress after meals. These cases are frequently considered by surgeons to be psychoneurotics, or else erroneously submit to surgery for ulcers, gall bladder or appendix.

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Soon to be available is a new battery (Eveready 1005-E) for hearing aid cells. It will give 80 hours of service (against 27 hours by the A battery now in use), and will come in a single plastic-enclosed cell weighing about one ounce. It utilizes oxygen from air instead of a chemical to produce power.

24

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Over 1600 hospital nurseries use Johnson's Baby Lotion for routine skin care of the newborn.

A two-year study shows that Lotion care reduces the incidence of miliaria to an impressive low, in comparison with other customary techniques.

Johnson's Baby Lotion leaves a discontinuous film. (See photomicrograph showing micron-size oil globules, 1000x.) Lotion is a homogenized emulsion of pure bland oil and water, with lanolin and an antiseptic added. As water phase evaporates, a discontinuous film remains. This permits normal heat radiation and allows perspiration to escape readily, thus lessening the danger of irritation.

Many physicians are recommending Johnson's Baby Lotion for home use. Lotion requires no special technique. being used exactly like baby oil. Advantageous to the infant is the greater protection against miliaria. which, as you know, may lead to more serious secondary infections.

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Please send me 12 free distribution samples of Johnson's Baby Lotion.

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Offer limited to medical profession in U.S.A.

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# Soft Diet trying your patients' patience?

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#### Tempting, natural source of complete protein



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To perk up patients' interest in food, many doctors prescribe specially prepared Swift's Strained Meats when soft foods are indicated in a high-protein, low-residue diet. They help two ways. One, Swift's Strained Meats taste so good. Two, an excellent source of B vitamins, Swift's Strained Meats help restore patients' natural appetite for all foods.

Swift's Strained Meats are soft, smooth (may easily be

used in tube-feeding), slightly salted—cooked to retain their delicious meat flavor. Six kinds: beef, lamb, pork, veal, liver, heart. Each one 100% meat, they provide an excellent, palatable source of complete, high-quality proteins and hemapoietic iron. These meats make available simultaneously all known essential amino acids . . . for optimum protein synthesis.

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You know, you do more for your patient than you might think ... For instance, your crisp clean uniform and your air of confident grooming go a long way to brighten your patient's day.

But good grooming is more than the morning bath and a bright fresh uniform. Because perspiration is a continuous process.

Mum is the safer way to preserve morning-bath freshness because it contains no harsh or irritating ingredients — stays smooth and creamy — does not dry out in the jar. And Mum is sure because it prevents

underarm odor throughout the day or evening. Recommend it to your patients too.

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CHOOSE CIRLS for training who have no sex appeal," was the startling solution offered many years ago by a hospital administrator to the problem of that nurse shortage. He was convinced the high attrition rate of student nurses and young graduates was caused by too much of that electric quality. When asked who would set the standard of what is "sex appeal" he replied, "Oh, that could be taken care of by a committee." Questioned how many applicants the hospital would get when it was known that only those with no sex appeal would be accepted, the perfect solution blew up.

Another former hospital administrator, Graham L. Davis, the retiring president of the American Hospital Association, and director of the Division of Hospitals, W. K. Kellogg Foundation, recently proposed an equally naive solution to the present nurse shortage. At the last AHA convention, pinch hitting on a panel that filled in for the indisposed Dr. Morris Fishbein, Mr. Davis delivered a diatribe against Dr. Esther Lucile Brown's recommendations on nursing education

which appear in her book "Nursing For the Future."

Mr. Davis' answer to Dr. Brown's proposal for higher education for some nurses could be condensed to "humbug." He advanced the theory that every girl baby, from the cradle up, should be taugl.t nursing arts. When she has finished high school, with a few months of practical experience in a hospital, she could earn a good living if necessary, at a satisfying occupation, until the right man came along. If she chose to continue her career and aspired to a degree she should get full credit for her training since the day she was born. Then when "the bombs begin to fall" every woman "will come to the aid of her country and take to nursing."

This idealism on Mr. Davis' part is acceptable even if his theory is odd, but his other comments, marked during his delivery by open sarcasm and frequent inaccuracies, are not. Barbs such as these:

On collective bargaining: "The Taft-Hartley Law put a curb on trade unions, but not on nurses. Nurses 20 years from now will not look back with pride on this stage in the history of nursing."

On student nurses giving services to hospitals: "Miss Brown is greatly disturbed by the fact the student nurse may give something

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more in value of her services to the hospital than the cost of her education."

On nurse administrators: "Authoritarianism in hospitals worries Miss Brown no end and she vaguely implies this is a fault of a peculiar type of tyrannical citizen called the hospital administrator, but she neglects to mention that about one-half of all our hospitals are managed by nurses, such as the president of the American College of Hospital Administrators."

On closing of "socially undesirable" schools: "... she is somewhat vague as to which schools she would close and what she means by 'socially undesirable.' She intimates she means about six hundred or approximately one-half of all the schools. The average individual would probably interpret 'socially undesirable' to mean these schools turn out mental and moral delinquents, but my impression is that Miss Brown means they are not a part of a college or university with degree-granting status to turn out the generals and admirals in nursing."

On levels in nursing: "She is so determined to get schools of nursing out of hospitals that she leaves unanswered the question as to whether there should be any other kind of nurse than what she calls the practical nurse at one end of the scale and the university product at the other."

On closing of schools: "Society is not going to permit closing of any schools of nursing under present conditions of terrific shortage in supply. Unless some way can be found to increase the enrolment, additional schools should be opened to supply the demand."

On financing nursing education: "Society is willing to pay for what it gets. When it educates a physician, it may reasonably expect thirty or forty years of service from him. But when it educates a nurse, the probabilities are she will be lost to nursing for hire within a short time. Miss Brown largely ignores this basic biological fact of life."

For someone who supposedly was reviewing a book—and Graham Davis was delivering his book review prepared at the request of the American Journal of Nursing at the AHA meeting—he did a better job of reviewing his prejudices. That he read the [Continued on 64]

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#### The NEGRO NURSE in the U.S.

Out of 435,000 registered professional nurses in the U. S., an estimated eight to nine thousand are Negroes. They have received their training at one of the 275 nursing schools which will accept Negro students; about 925 training schools still close their doors to Negro students, who might possibly be potential R.N.'s.

While there is no figure available as to the number of hospitals that employ colored nurses, they are known to be in the minority. And since some have been excluded until recently from the ANA, about two thousand Negro nurses belong to their own professional organization, the National Association of Colored Graduate Nurses, which is this year celebrating its fortieth anniversary.

Some 42 years ago the NACGN had its inception in the creative mind of a Negro nurse, who hailed from Connecticut and trained at the Woman's Hospital in Philadelphia. Her name was Martha Franklin, and she was gifted with real vision and leadership.

She must have thought about the Negro nurse problem all through her training, for shortly after her graduation she undertook a systematic survey of the status of the colored nurse in the U.S. She wrote hundreds of letters in her own hand to Negro nurses, superintendents of nursing schools and nursing organizations. The sur-

vey took two years. Finally in 1908 she sent out 1,500 letters (at her own expense) to all the Negro nurses with whom she had been in contact, polling them on the advisability of a national gathering.

Interest was sufficiently favorable to bring together 52 Negro nurses in the heat of a New York August for a three-day meeting. They heard a statesmanlike report from Miss Franklin, outlining the manifold need for a national organization of their own: to stimulate Negro nursing towards high nursing standards; to raise the requirements for admission to nursing schools; to establish contact with nursing leaders of the world; and to break down the barriers of discrimination.

The very fact that these problems existed and were recognized in 1908 showed the rapid development that had taken place in those years since the first Negro professional nurse graduated. She was Mary Mahoney, a wisp of a woman weighing less than 100 pounds. She graduated from the New England Hospital for Women and Children in 1879, just six years after Linda Richards, celebrated "first American professional nurse," had finished her training at the same hospital.

As more and more Negro women wished to follow Miss Mahoney's example and were unable to enter existing nursing schools, the inevitable

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Negrofo Negrofo Negro centro on redesign happened: schools were founded which were primarily for the colored student, staffed by members of her own race. The first of these was Provident Hospital Training School in Chicago (whose cap and pin appear on R.N.'s cover this month) founded in 1891. Hampton opened its doors the same year; Tuskegee followed in 1892, Freedmen's in Washington in 1894, Lincoln in New York in 1898.

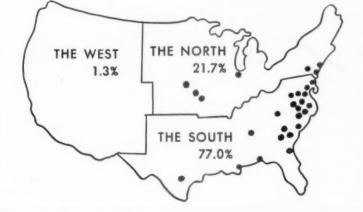
Today there are 28 accredited nursing schools whose staffs and students are colored. Although there are some excellent schools among these, many of them suffer from insufficient funds, their isolation, and

Mary Mahoney, the first American Negro woman to achieve status of professional nurse. Today, of the 28 Negro nursing schools, greatest concentration is in Southeast, as shown on map; West has none. Figures designate percentage of total U.S. Negro population.

lack of connection with universities which could provide them with a higher level of academic teaching—a weakness shared at the present time by a majority of all training schools affiliated with hospitals.

An additional handicap for the colored nurse is the economic differential, which is particularly acute in the South, where all R.N.'s are paid less than they are in the North and West, and the Negro nurse is





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paid least of all. This is one of the principal reasons for the migration of colored nurses to other areas, which has resulted in New York City's becoming the greatest center for Negro nurses in the country.

While discrimination is sharpest in the South, it exists elsewhere in the nursing field as it does in other professions. Most white nurses have never worked with Negro nurses. Most white patients have never seen a colored nurse on the wards. There are colored nurses on a very limited, almost a "quota," basis in public health nursing, industrial nursing, in educational posts, and other nursing specialties. There are only four Negro nurses commissioned in the Army Nurse Corps (regular) and one in the Navy Nurse Corps.

Yet for the most part the Negro nurse is an excellent bedside nurse, able and conscientious. She has to be. Often she has achieved her training the hard way, by dint of great personal sacrifices and humiliation. Always she is the representative of her people, facing an unwritten but everpresent standard of excellence which is above the norm demanded of other nurses, other students: because she is a Negro she must not only do well, she must do her best, and her best must be outstanding.

At its fortieth anniversary celebration held on September 25 in New York, nine of the charter members of the NACGN were present in person. It was fitting that among those who paid tribute to their vision in founding such an organization

were Negro nursing leaders who fully justified their hopes: Mabel K. Staupers, leader of the wartime fight to end discrimination against Negro nurses in the Armed Forces; Estelle Massey Osborne, nurse-author and educator, recently elected to the ANA Board of Directors; Alma Vessells, NACGN executive secretary and former National Nursing Council staff member; Alida C. Dailey, NACGN president and director of nursing at Harlem School of Nursing in New York.

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A significant fact emerged at the luncheon. Dr. Channing Tobias, director of the Phelps-Stokes Fund. sharply criticized the Harlem and Lincoln schools of nursing in New York City, and any schools limited to Negro students, for themselves practicing a form of segregation. Mrs. Alida Dailey, in replying to Dr. Tobias, made it clear that the pattern was not of their choosing. In sharp contrast to those schools which exclude the colored student, the Negro schools would welcome qualified white students if they applied.

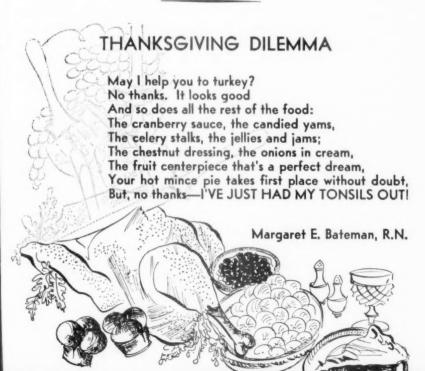
Certainly the trend in the field is away from discrimination and segregation, and for this NACGN can take much credit. Each year more schools and hospitals adopt an interracial policy. Each year public opinion on this issue becomes more liberal. Six years ago the state nurses associations of 16 states and the District of Columbia barred Negro nurses from membership. Today eight states have rescinded the ban and Negro nurses in the remaining areas may join the ANA directly.

thanks to a constitutional amendment at the last Biennial. (This progress is in sharp contrast to the situation in the AMA, where the Negro physician is barred from membership in 17 states, and the national organization has taken the stand that it is powerless to interfere in the membership requirements of its constituent organizations.)

The same Biennial elected Mrs. Osborne to the ANA Board of Directors, the first Negro woman to hold office in the Association's 50-year history. Another rung was added to the ladder when the ANA Board of Directors meeting in September voted to add a Negro nurse to the ANA headquarters staff.

Concurrently with these strides, the NACGN, as one of the six participating national nursing organizations, is engaging fully in the discussions being carried on by the Structure Committee regarding one possible overall nursing organization. If the aims outlined by Martha Franklin in 1908 are fully realized, some day in the not-too-distant future, the need for a separate organization of professional Negro nurses in this country may no longer exist.

The burden for bringing this to pass rests on all nurses. It is evident from recent developments that both groups are putting forward their best efforts in the direction, not only of raising nursing to the highest professional level, but of making it the truly democratic service it is intended to be. —Charlotte Shapiro, R.N.



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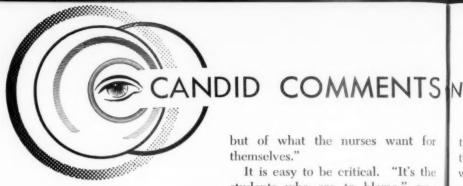
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C IGNS ARE MULTIPLYING to indi-Ocate that we had best pay as much attention to the heart of nursing as we do to its head and hands. The spirit of nursing is powerful, but not impervious to neglect. much of our work under present pressures seems to be a matter of skilled techniques and scientific information. We are hurrying – driven relentlessly by overcrowded hospitals and a health-hungry populace, driven by the demands on nursing education, hurrying to protect the welfare of nurses. "Hurry, hurry" has become a terrible taskmaster.

Under this pressure there is danger to our most powerful incentive to good nursing - the spiritual urge to serve and to serve well. Today we hear patients say, "I didn't lack for skilled treatments, but I did sadly miss the sympathetic understanding I had come to associate with nursing." We hear nurses say, "I never dreamed I'd see the selfishness I see in some nurses today." We hear a nursing director say, "We've increased salaries, shortened hours. We're doing our honest best to improve working conditions. Yet we get nothing but complaints from too many, not about neglected patients, but of what the nurses want for themselves."

It is easy to be critical. "It's the students who are to blame," says one. "It's the nurse educators," says another. Or it's the administrators, or the doctors, the hospital trustees, the high schools, the parents. can point fingers in many directions, and all our pointing becomes equally senseless.

The fact is that it is not people we must point at but conditions. First we have the world situation. We are passing through an era of tremendous stress. Never as today has mankind been so beset by fears and a sense of insecurity, so afraid to think of tomorrow and therefore so determined to make the most of today. Times like these bring out the greatness of some souls, but also the selfishness of others. Our profession is not alone in its need to safeguard its ideals; every group feels the result of the present unrest and confusion.

Nursing beset, too, by inner troubles, is paying high toll for these things. The complaints of patients and the presence of a new materialism in our ranks attest to this. A sense of insecurity prevails as many nurses face a precarious old age, despite our present work for economic security. Fears rise as the stress on academic degrees too often brings needless hurt and too often blocks

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# TSN THE SPIRIT OF NURSING

the full use of nurses grown wise through experience. Disaffection is with us as the old, spirit-flattening militarism lingers on in an era that finds it obsolete.

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The students, given time and opportunity, could give as complete care as we veterans believe we gave. But the understanding of people involved in this case depends as much on experience with them as it does on formal teaching. In our student days we spent hours with patients where today's students spend minutes. Educational and practice systems are vastly different today, made so not by nurse educators and directors, but because the demands on these areas are vastly different.

Graduate practice too has undergone great changes, not by the will of people, but by the demands of the times. In our earlier day of fewer procedures, we had time to build the nurse-patient relationship so vital in understanding the man, not just his disease. Only the physician and nurse entered the sickroom. Today's great variety of treatments and its numbers of technicians have changed the nature of nursing service and have interrupted the nurse-patient relationship.

These elements combined have affected the spirit of nursing. We must take heed in our haste lest more serious damage be done. The very

#### by Janet M. Geister, R.N.

life blood of nursing is its spirit, and the finest possible intellectual and manual skills cannot take its place. Nurses do not have a monopoly on selflessness, or the spiritual urge to serve well, but nursing without these things becomes no more than a system of skills. Its principles and procedures must ever change as we learn more about sickness and health, but its art and science must forever rest on the spiritual foundation from which it arose.

Like electricity, the spirit of nursing is invisible to the eye yet it is as real as an oak tree. Like electricity, its power is boundless. It was born out of a knowledge that man has value and therefore purposeful activity for his well being has value. It knows no distinctions of race or creed, wealth or position - it knows only man's needs. The spirit of nursing is love in action for it rises out of the will to serve mankind. The young men and women who say "I want to be a nurse" are really saying "I want to serve" - and the spirit of nursing is already stirring. What happens to this budding spirit should concern us all greatly.

The first law of nursing is that concern for the patient transcends every other interest. The nurse who puts self-interest first violates one of our most fundamental traditions. The nurse imbued with the spirit of nursing is sensitive not only to the patient's pain and danger, but to his total situation — his fears, loneliness, the strange confusions that beset him when accident or illness remove him from familiar rounds. One nurse may see a patient only as a "crank," while another may understand how this woman is worried over the youngsters at home. The difference lies not in how much time the nurse has, but in her attitudes.

What endless opportunities there are in nursing for kindness! And kindness is of the essence in any service to humans. It has no substitute. Every patient finds healing in it; it is necessary to him for he needs to cling to something strong and fine and good. Kindness costs nothing in time or energy and it rewards the giver. The nurse's satisfactions in life grow richer as the needs of her fellow humans draw more deeply on her wells of kindness and understanding.

When nurses are "too busy" to be kind, too engrossed in the patient's bad arm to see the fear in his eyes, too concerned over their own affairs to understand the patient's troubles, the losses are great. Every one loses — patient, nurse, profession and community. Nursing is not a series of skilled processes done to a person but a personalized service of skills done for a fellow human.

Understanding human needs involves more than physical, mental, social and economic diagnoses, and a well-written case history. There are some things our heads cannot tell us; they must come from the spirit, the spirit that reaches beyond what eyes can see and ears can hear. "You must look *into* people as well as at them," says Chesterfield. There is an intelligence of the spirit that rises above all other learning. Understanding comes to people who want to understand, who never forget that the patient before them is one of God's children entrusted to their care.

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Though the nurture of the spirit of nursing is not primarily done in the classroom, the instructor can greatly influence the philosophy underlying attitudes. Teaching religion as such does not enter into the formal program of nursing education. But nurses who live so constantly in the presence of suffering, birth and death must recognize the spiritual needs of man. Respect for the dignity and sacredness of man can enter into the teaching of every subject. And if we recognize that sacredness, we must recognize God.

The spirit of nursing, however, is an intensely personal thing. We learn it best by example. Our daily lives, our relationships with patients and co-workers, our every act and thought, reveal our philosophy of life. A university president told his faculty, "Men will learn more from you than from books." The attitudes of the leader are revealed sharply for she is conspicuous. She stands apart from the group. Her responsibility for leadership in spirit, as well as in teaching or administration. grows in proportion to the power she

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holds. Her sense of justice, her insight, the *quality* of her spirit, influence those of every nurse in her command.

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ponsis well ration, ver she Every nurse is an example to another nurse; our attitudes, good or bad, are highly communicable. "Whoever lives with us takes on some of us" says Emerson. Jane Addams, standing on the curb of a busy street, was about to cross against the red light when she saw a child watching her for guidance. "I can make it safely," she thought, "but I must think of the child." Hand in hand they awaited the green light.

Instead of criticizing others, we must examine our own attitudes. What motivates me in the practice of my profession: a desire to serve;

personal ambition? Do I practice as well as preach the Golden Rule? Do I care enough about good nursing care, nurses' welfare, my profession, to stand up and be counted as our organizations fight the conditions that retard our full service to society? Do I care enough to accept responsibility wherever I may be needed in our organizations?

None of us can escape the responsibility for challenging what we know to be inimical to patient care, and supporting what we know to be good for it. There is a vast difference between wailing over wrongs and working for what is right. We can simply want things to be better, or want them enough to serve faithfully on [Continued on page 56]

## Probie



"At least we're authorities here."

# The CASE of the R.N. ANESTHETISTS

• ALREADY SOMEWHAT misunderstood by other R.N.'s not engaged in anesthesiology and by many in the medical profession, the nurse anesthetist has recently borne the brunt of an inimical attempt to alienate further these groups and alarm potential patients. Engineering widespread anti-nurse anesthetist publicity in the laity press, a handful of unprincipled physician anesthesiologists attempted to sway public opinion, by maligning the R.N. an-Laymen read, "any real esthetist. anesthesiologist will tell you that in certain operations you may be risking your life to 'go under' with someone other than a specialized anesthesiologist giving you the gas." This type of remark only implied that the nurse anesthetist is dangerous. Other articles. passing the implication stage, bluntly stated that the nurse anesthetist was inadequately prepared-that only physician anesthesiologists were qualified to administer anesthesia.

Unfortunately, this type of unfavorable propaganda did have its effect. In many instances it succeeded in undermining the patient's confidence in the R.N. anesthetist, but not to the extent that it cannot be restored with a sympathetic press.

Fortunately, the targets of these unethical attacks found they had many allies. They were reassured that their professional integrity and that of their organization, the American Association of Nurse Anesthetists, was recognized and appreciated by many and was sufficiently strong to withstand these accusations.

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The nurse anesthetists' most ardent and vocal defender was the American College of Surgeons. The Board of Regents of the College, censuring the guilty parties involved, passed a resolution:

"The American College of Surgeons regards with deep concern the actions of some physician anesthesiologists in giving the impression to the laity in the public press that it is unsafe for experienced nurse anesthetists to conduct surgical anesthesia. While it supports the increasing tendency of having physician anesthesiologists in charge of surgical anesthesia, it deplores at this time any propaganda for the elimination of the trained nurse anesthetist. On the contrary, the American College of Surgeons is of the opinion that, in view of the inadequacy in number of the physician anesthesiologists

Preparing the patient with a gentle, soothing voice to accompany the closed system of anesthesia, the R.N. anesthetist brings her patient to the first stage of his surgical sleep.

and in view of the splendid record of achievement of the nurse anesthetists, institutions engaged in training of nurses for this purpose should be encouraged to continue their program."

Moreover, the American Society of Anesthesiologists, Inc., speaking for its medical membership of 3,000, reprimanded those errant members who, through misguided thinking or malice aforethought, ignored their Society's policies and public relations counsel to go out for publicity on their own. Not only verbal spankings were meted out but one well known, but now chastened, physician anesthesiologist was suspended for one year from his county medical society and withdrew on his own prerogative from his other professional associations to save those organizations any further embarrassment.

The nurse anesthetists have been under fire before,

but this last campaign, about two years in duration, has been the most rugged. Most of the dissension in the past and the present revolved around the question of the preparation and the legality of nurse anesthetists. Many may recall it was just 12 years ago that the California Supreme Court upheld the right of the nurse anesthetist to administer general anesthesia. In the Chalmers-Francis vs Nelson case, Dagmar Nelson,

R.N. anesthetist, was put

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♥ Intubating a patient to facilitate smooth anesthesia requires that the anesthetist have a basic knowledge of the principles of anatomy, physiology, pharmacology, psychology and surgery.



trials when she was used as a test case. The court ruled that "nurses in the surgery during the preparation for and progress of an operation are not diagnosing nor prescribing within the meaning of the medical practice act. Also that the evidence clearly showed that the nurse anesthetist merely carries out the orders of the physician to whose authority she is subject."

The trend today, despite the recent flare-up, is for more states to accept the California ruling. Some 60.56 per cent of the hospitals in this country employ nurse anesthetists only, and 24.65 per cent employ both nurse anesthetists and physician anesthesiologists; since the hospitals are cognizant of the inadequate number of prepared physician anesthesiologists and the difference between the fees charged the patient, the nurses' future does not seem to be imminently jeopardized.

Their official spokesman, the American Association of Nurse Anesthetists, has done much since its founding 17 years ago; now, however, it realizes it has a task of major importance before it. The AANA's immediate objective is to promote cooperation between nurse anesthetists and the medical profession, hospitals, and other agencies interested in anesthesiology as well as advancing the science and art of anesthesia. That obtaining harmony of working relations between the two groups will not be easy has become increasingly obvious, but this must be achieved if a solution is to be at all effective.

R.N. anesthetists are aware that the past 10 years have brought many changes in the anesthesia field: that although today there are too few certified medical anesthesiologists. about 400, more are being attracted to this specialty. But the time is a long way off when there will be a sufficient number to serve the six to seven thousand hospitals employing anesthetists. Meanwhile, the AANA is moving rapidly to keep its members abreast of the changing times, both professionally and educationally. It is endeavoring to determine who shall and who shall not be a member of the Association by requiring that a candidate pass a qualifying examination before acceptance. This cannot wholly guarantee that the administration of anesthesia will be by competent nurse anesthetists only but it is a major step in that direction. Eventually, when hospitals, surgeons and patients are educated to the significance of what membership in the AANA means, they will undoubtedly look on it as a form of certification.

The Association's first examination was given in 1945. Since then, two examinations a year have been held at as many points around the country as are convenient to the applicants. Anyone who has taken the examination will say it is stiff (maybe too much so) but even this early there is proof that this method has raised the standards of both the individual nurse anesthetist and the schools of anesthesia, plus improving the service [Continued on page 90]



★ Her mind keen and all her senses alerted, the R.N. anesthetist gives the surgeon his traditional signal, "Patient ready, doctor."



An operation over, the blood pressure and pulse are checked before removing the patient from the operating room. The team—surgeon and R.N. anesthetist—inform the patient it's up to her now. The follow-up visit by the anesthetist should be of a dual nature—a check on results and a public relations opportunity.



## **NURSES**

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# Wills

by Christine R. Kefauver, R.N.

Counselor at Law

Where there's a will—there may be trouble for the nurse on the case, and she ought to be prepared for it. If her patient realizes that he may not live much longer, he may be anxious to make a will or to alter one already made. If the will is contested after his death, the R.N. is almost certain to be called as a witness.

She should therefore charge her mind most carefully with all the circumstances surrounding the making or changing of a will and, if possible, write them down, for she will not remember them if considerable time and other cases intervene before she is called upon to testify.

As a patient often has great confidence in his nurse, especially if she has been with him a long time, he may discuss the matter of a will with her and ask her advice. Never under any circumstances should she draw a will for a patient. She can and should advise him to consult a lawyer. If he claims not to know one, she should urge him to consult a friend, his banker, clergyman, or someone else whom he trusts, pointing out to him



### SI. LOUIS POST-DISPATCH

#### NURSE TESTIFIES MISS RICKER Cut out comics as pastime

The suit of Robert Ricker Norton of San Mateo, Calif., who is seeking to break the will of his cousin, Miss Ellen A. Ricker, whose estate was valued at \$1,000,000, continued today in Circuit Judge Joseph J. Ward's court.

Mrs. Marie Chamness, a nurse

Mrs. Marie Chamness, a nurse who attended Miss Ricker for three months beginning in August, 1944, testified that Miss Ricker was unable to carry on a sustained conversation, and spent much of her time cutting out comic strips from newspapers.

She apparently was confused about how many relatives she had, Mrs. Chamness said, and did not like to take baths. The witness said that in her opinion, Miss Ricker was not of sound mind and was completely dominated by a companion, Miss Mabel Johnson.

Norton was one of five cousins left \$5000 each. The bulk of the estate was left to the Seaman's Church Institute of New York.

the complications that will ensue if he dies intestate—that is, without a will. If he has already made one and desires to change it, she should again advise him to consult an attorney so that there will be no question about its validity.

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However, a nurse should know some of the basic rules involved in making a will; such knowledge will stand her in good stead if she has to testify.

The testator (or maker of the will) must have known what he was doing and what property he had: real estate, bonds, stocks, bank accounts, and personal property such as paintings, laces, stamps and other valuables. Did he know to whom he wished to leave them? If he excluded one or more of his children or other relatives, did he do so of his own free will? Did he say that he did not want "son John" or "sister Kate" to get anything, and why? Did he say so of his own volition or did someone else suggest it to him?

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The court may wish to know whether the deceased was free to see his lawyer or pastor or friends at any time. If not, who prevented this, and how? Were any particular members of his family excluded from his room? Did any of them try to influence him for or against other members of the family or beneficiaries? Did he bear any particular dislike to any of his relatives? Was there any apparent justification for this? Did anyone have a special influence over him and was that person preferred in the will? Did that person prevent him from seeing other people, especially his lawyer?

Another set of questions that may arise concerns the circumstances under which the will was signed and witnessed. Was it signed in the nurse's presence? Did the deceased know what he was signing? Did he

read it over later to make sure he had signed the proper document and not something substituted for it? Did he sign it himself? Did he require and receive any physical assistance such as someone holding his hand? If so, was it done at his request?

Was the will properly witnessed? (There must be at least two witnesses, who sign their names and addresses. They need not read the will; it is sufficient if the testator says: "This is my last will and testament. I want you to sign as witnesses.") A nurse may be a witness unless she is a beneficiary of the will. If she signs as a witness under such circumstances it may completely invalidate the bequest as to her, unless she is a relative entitled to a share, or a debtor of the testator's, in which case she may receive only the amount to which she would be legally entitled if there were no will.

If the patient destroyed his will in the nurse's presence, and died before he signed another one, she will be asked about the circumstances under which it was destroyed. Was it done deliberately? Did he make any statement as to what induced the action? Did he state that he intended to draw another will and, if so, what prevented his doing so?

A principal cause for contesting a will is "lack of testamentary capacity." This means that the testator did not know what he was doing, for any one of several reasons: feeblemindedness, insanity, the effect of drugs, undue influence to which he might have been subjected, or a mistake. (A [Continued on page 94]



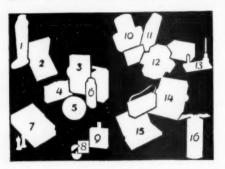
)ue For description, turn the page 49

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#### 'S CHRISTMAS CUES



1. & 2. Noel stocking has variety of cosmetics, all in Blue Grass. \$8.50.° June Geranium Flower Mist and Dusting Powder. \$2.50.° Elizabeth Arden. 3. & 4. Your favorite scents, or a foursome of colognes, \$1-\$3. Helena Rubenstein. 5. Tussy's compact in "Tahmina" design. About \$5. 6. New Estrogenic Hormone Hand

Lotion in a 4-oz. bottle. Helena Rubenstein. \$1.50.° 7. "Six Fragrances for Every Occasion" in double-decker chest by Prince Matchabelli. \$3.25. 8. & 9. Mary Dunhill's "Scentinel" in gold (\$2.50) or silver (\$7.50.\*) case or cologne in modern-design bottle personalized with your initials. \$3.° 10. Leather, fold-over manicure case. Peggy Sage. About \$5.75. 11. Cutex case. About \$3.50. 12. Another Cutex fold-over manicure set. About \$5.75. 13. Revlon Triple Treet for \$1.° 14. Du-Barry Beauty Kit for beauty enroute. \$7.50.° 15. Bond Street Dusting Powder and Toilet Water by Yardlev. About \$3.50. 16. The Jacqueline Cochran Wing Ding holds Shining Hour perfume. \$5.°

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Plus Federal tax.

## **CRICKET**

# on your WRIST

• For that one expensive Christmas present for the R.N. this year, why not consider something new in timepieces: a wrist watch with a cricket-like alarm. It's a Swissmade product known as the Vulcain Cricket, and is said to be the first alarm-type wrist watch ever marketed in this country. According to the manufacturer, the alarm



can be set to "chirp" at any desired time, and goes off with a clear cricket-like sound that continues for 25 seconds (or until you stop it). The watch has a special movement and a new type "cap jewel" which, it is claimed, assures accurate time-keeping. In a stainless steel case, it sells for around \$120 at retail jewelers, is also available in a 14-carat gold case.

# PROGNOSIS: excellent TREATMENT: unique TREATMENT:

An account of a successful 18-year experiment of treating post-operative cleft lip and palate patients in a nurse's own home, probably the only one of its kind in this country.

HOME CARE for the treatment of certain illnesses has long been recognized as psychologically more successful than institutional care. But it took the observations and initiative of Myrtle Carstensen, R.N., of Seattle, Washington, to demonstrate the success of transferring the postoperative cleft palate patient from the hospital to a nursing home immediately following operation.

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In her attractive bungalow just north of Seattle, Mrs. Carstensen begins her nursing care just as soon as the child is brought from the hospital, usually direct from surgery. In the past 18 years, she has cared for 949 post-operative cleft lip and cleft palate cases. Of these, 802 were boys. Ordinarily, she can care for only two children at a time; however, she has had as many as four at her home. Although most of her patients are from Washington, 50 have come from Alaska, and others from Montana, Oregon and Utah.

Mrs. Carstensen began her unusual specialty shortly after her graduation in 1927 from the former Minor Hospital in Seattle. As a new graduate she had several post-operative cleft palate cases among her first patients. Realizing that the recovery of these particular children was impeded by constant hospital interruptions and unavoidable noise, which consequently disturbed the patients unnecessarily, Mrs. Carstensen sought advice from Dr. Herbert E. Coe, noted children's surgeon. At his suggestion, she decided to care for the children in her own home where she could control the environment completely.

Surgery on the lip and anterior portion of the palate is usually done shortly after birth, for such deformities interfere with suckling. Operations on the palate are usually started between six months and one or two vears of age.

Cleft lip and cleft palate are the result of failure of the respective parts to unite during development in the uterus. They may occur separately or together and, although hereditary influence is regarded as important, the actual cause is not known. The degree of cleft varies from slight notching to complete

by Ruth B. Scott, R.N.



↑ Mrs. Myrtle Carstensen examines 10-year-old Marcia Dale Shannon, who has been under her constant care during the past three years.

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opening. This is not hare lip. "A central cleft, or true hare lip, is extremely rare," says Mrs. Carstensen. "Most clefts occur on the side, and the correct name is cleft lip."

A major responsibility of the nurse is to promote healing by careful and frequent cleansing of the entire suture line. As soon as a child is brought to her, Mrs. Carstensen cleans his tongue with peroxide, rinsing it away with water so that choking does not occur. This mouth irrigation is done with the baby held face down. Because a tongue traction suture is used during surgery, the tongue must be cleaned frequently with sterile water and cotton.

Tooth brushes are forbidden because of danger of abrasion; therefore, older children have their tongue and teeth cleansed with a cotton swab. Mrs. Carstensen removes serum and milk from the nostrils with an applicator moistened with plain water three times a day. She cleans the ears with a dry applicator, because the child usually has an abnormal production of wax. A high percentage of these children have a hearing handicap and, therefore, preventive ear care is important. Toddlers and older children have their hands washed frequently to lessen the danger of infection.

The only local treatment Mrs. Carstensen gives cleft palate repairs is warm drinking water, given through a nipple after every feeding. She never touches palate stitches, but waits for the doctor to remove them about sixteen to eighteen days after the operation. For local care of cleft lip stitches, Mrs. Carstensen uses undiluted peroxide on a sterile applicator about forty-eight to sixty times a day in the first two days and thereafter about eight times a day. Because seepage around the stitches forms a crust and causes scarring, the lips must be kept clean. Following this, mentholatum is applied to the suture line.

About five to seven days after the operation, the stitches are ready for removal. When the child is asleep, Mrs. Carstensen removes two of the wire sutures. Before taking out the next two, she waits for 48 hours, to make sure that no gapping or spreading occurs.

Immediate post-operative feeding begins with a formula reduced with water, given to the baby half an hour after waking from anesthesia. Bowel movements are regulated by the amount of dark Karo added to the formula.

"I never give any sedative," Mrs. Carstensen says, although sedation is commonly employed for hospital cases. "The heat of the formula. which I give just as hot as they can take it, acts as a natural sedative. I make up fruit flavored gelatin with three cups of water instead of two and serve it hot during the first two days. I never give orange juice because the acid hurts and gas pains are produced. Instead, the babies take 25 milligrams of vitamin C daily until they are four months old; thereafter, they take 50 milligrams daily. The tablets are dissolved in sterile water and added to the formula. I always [Continued on page 58]

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# REVIEWING THE NEWS

- ► REACTIVATION of the Red Cross program for training volunteer nurse's aides has been approved by the American Hospital Association. In endorsing the move, AHA specified that recruitment and training be initiated at the local level through the implementation of committees on which hospitals, nursing associations and public health agencies would be represented. Under the program, volunteers receive 80 hours of instruction from authorized R.N.'s.
- ► SWEDISH Nurses' Association, host next June when the International Council of Nurses holds its biennial congress in Stockholm, has received from American nurses the tidy sum of \$1,100 to help defray hospitality costs. The money, one-third of the sum left over from ICN's 1947 gettogether in this country, was originally donated by hospitality-minded nurses in the New York area. The remaining two-thirds, according to ANA sources, will go similarly to whatever Associations act as hosts in 1951 and '53.
- ► SOMETHING NEW in social service: A "laboratory of human relations" was established last month at a low-rent housing project on Manhattan's crowded upper East The plan, frankly described as experimental, is an endeavor to teach the project's 1,310 families

how best to get along with one another, and how to benefit by various community activities. One of its aims will be to supply on-the-spot information about health, employment, family budgeting, etc. Sponsors of the idea are the Community Service Society, a welfare organization, and the New York City Housing Authority.

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- ► CEREBRAL PALSY, said to affeet half a million Americans, is to be the subject of an educational film being planned by the National Society for Crippled Children and Adults. Funds to pay for the production are now being raised by the National Association of American Business Clubs.
- ► COMIC OPERA PLOTS already abound in Britain's socialized medicine scheme, according to reports from London, where many believe that Gilbert and Sullivan would have reveled in such material as this: An Eastbourne dentist, realizing that all patients are entitled to free care and all dentists are entitled to reimbursement by the Government, has sent the latter a bill for yanking two of his own aching molars.
- ▶ DR. THOMAS PARRAN, former surgeon general of the Public Health Service, has been named dean of the University of Pittsburgh's new Grad-

uate School of Public Health. The school, founded by a \$13,600,000 gift from the A. W. Mellon Educational and Charitable Trust, is expected to open its doors in 1950. It will be the tenth such school to be established by U.S. universities. The others are at Yale, Harvard, Johns Hopkins, Columbia, Tulane, Michigan, Minnesota, North Carolina and California.

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- ► SAYS ANA: New 1948 edition of "Facts About Nursing" goes on sale this month. Among other data, the booklet gives an area-by-area breakdown of the estimated number of proessional nurses in the U.S.
- ► STATE ASSOCIATIONS, meeting in recent months, listened to discussions of problems facing them now and in the future. Idaho nurses, holding their annual convention at Sun Valley, heard Lelia Given, associate executive secretary of the ANA, speak of the necessity of enacting a licensing law to safeguard life and health. Reminding her audience that the ANA voiced the principle of licensure of all who nurse for hire as early as 1938, she stressed the need to inform the public of the dangers that lurk in our present system of permissive licensure.

Later, Miss Given outlined a seven-point program to be followed by the national nurse organizations in setting up standards for the preparation of practical nurses and the promotion of licensure. It includes: 1) determining the need for services of practical nurses in the state; 2)

recognition of the need by the profession as a whole; 3) development of a plan for preparation of practical nurses; 4) setting up standards for practical nurses; 5) changes in the nurse practice acts in all states to include legally authorized persons to approve schools for practical nurses, adequate supervision of the schools by qualified registered nurse personnel, and licensure of graduates; 6) supervision of licensed practical nurses by professionals (registered nurses); and 7) satisfactory salary scales for practical nurses.

▶ ESTHER LUCILE BROWN, Ph.D., speaking to over six hundred New Jersey nurses at their joint annual state convention on the topic "Nurses for the Health Services of the Future," said that nursing education is very much in the "horse and buggy" era—that nursing schools are in the position of medical schools back in 1910.

[Continued on page 79]



Saul Edward Frank

WATCHES and WATCHES and WATCHES

### AND BULOVA

## THE NURSES' BULOVA

for a lifetime of beauty and dependable service



\$37.50 is all it costs you. Including taxes. It's good for at least \$37\(\frac{1}{2}\) years. That's a dollar a year for perfect time-keeping and the pride you'll have in owning and using this gorgeous timepiece. • It's great for work — it has the sweep-second hand. It's beautiful for dress — 10 Kt. rolled-gold-plate top, steel back, silk cord with ratchet safety clasp. It has 17 jewels and BULOYA perfection and guarantee. There is NO better watch for YOU. • Other watches may be plentiful but THIS BULOYA is still scarce. Our supplies are limited, so, why not order RIGHT NOW?

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Please send me a NURSES' BULOVA not thrilled I'll send it back for full	
Enclosed is remittance	

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#### THE PERFECT GIFT

#### Candid Comments

[Continued from page 39]

committees and boards working to bring about these changes. It all depends upon whether we want to be sorrowing critics or nurses who care enough to put up a fight for good nursing.

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The spirit of nursing is a light that shines through our skills. We symbolize it with a lamp. Years ago while on a survey I got lost one night in a vast and lonely area. The car lights were bad, there were only faint trails to follow, the gullies were dangerous, and a blizzard was in the offing. Then out of the black night loomed a light — more lights —voices. I had found the tar-papered haven that promised peace to my soul and rest for my bones.

So must it be for many patients, "lost" in the bewildering experiences of illness or accident. Away from the familiar daily routes, they, too, look for shelter. Then comes the nurse, her understanding and kindness glowing through voice and touch. It is a *lighted* house the traveler has found. It promises comfort and safety for his body and peace to his troubled spirit.

The spirit of nursing isn't a gift but a loan, passed on by our forebears. We are custodians for a while —then we too pass it on. Each of us alone will determine the quality of her stewardship.

Hospital operation ranks among the first 12 major industries in the U.S.

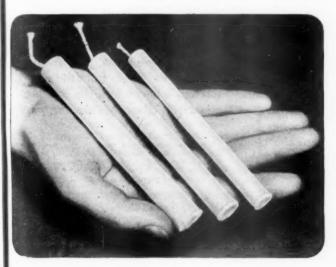
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Correct tampon size in relation to vaginal length and caliber (with proper technique of insertion) are the only prerequisites of complete protection during the menstrual period. Tests, under conditions of use with the expansion of the tampon restricted, indicate the average absorbency for Super Tampax as approximately 17 cc, for Regular Tampax approximately 12 cc and for Junior Tampax approximately 9 cc—whereas, actual clinical studies¹ of a representative group of women show the periodic flow to average only 50.55 cc. Thus, with correct usage and absorptive capacity of more than 170 cc, 120 cc and 90 cc in each package of ten Super—Regular—Junior Tampax tampons respectively, the margin of safety assures adequate protection for the entire period—simply by inserting the tampons at proper intervals. Besides providing ample absorptive capacity, Tampax is safe,³ comfortable,⁴ and convenient.⁵

Its use has also been reported as psychologically beneficial.²

The fact that, during the last 14 years, over 2 billion Tampax have been purchased reflects the strong confidence that women place in their physicians¹ judgment.



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## **Prognosis Excellent**

[Continued from page 53]

have my babies' tummies so full by midnight that sleep is inevitable. If they have been on three feedings, I give five; if on five, I give six or seven. If they whimper after a half hour, I give them a little more." As far back as 1929, Mrs. Carstensen anticipated present day flexibility of feeding schedules by feeding her babies whenever they cried.

Older babies have their precooked cereal and pureed vegetables added to their formula and given through a nipple with a large hole. "Spoon feeding is not good for these cases, unless a round end spoon is used," advises Mrs. Carstensen.

Meal are small but frequent. Each of the six meals is interrupted frequently for bubbling. This is more necessary with cleft lip babies because they swallow more air with their formulas than other infants.

At feeding time, Mrs. Carstensen always holds the baby in her lap. This plan continues until the child is old enough to be in a high chair and until the palate is closed.

"Keep their tummies full, their bodies warm, and their diapers dry." This is Mrs. Carstensen's secret of happy post-operative babies. She averages fifty to sixty diapers a day per child. Two diapers are put on at once, with about twenty-two to twenty-five changes. The remainder are used under the chin for feedings and under the head when giving nursing care. Recognizing that the average child at home uses only a dozen diapers daily, Mrs. Carstensen admits that her maintenance of hospital cleanliness makes a great increase in washing, but she feels that the baby's comfort warrants the additional work.

In a moderate climate, where many babies never wear stockings, her post-operative babies all wear long, 5 per cent wool stockings, and long-sleeved cotton shirts. "Welcome" sleeves allow play freedom, yet keep the hands from the mouth, through splints which slip into pockets at the elbow "[Turn the page]

[\*Doctors recommend that in the pre-operative period arm restraints should be used so that children will become accustomed to them. They will then be more willing to keep them on after the operation.—THE EDITORS.]



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For today's BUSY nurse—
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treatments for burns, minor
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Snowy, fragrant, *super-rich* Pacquins soothes and softens dry, rough, chapped hands. Originally created just for doctors and nurses, Pacquins is now used and acclaimed by well-groomed women all over the world . . . many of them famous beauties and leading stars.

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Mrs. Carstensen sets up only two requirements for her patients. First, she insists that any child for whom she cares must have a hemoglobin of at least 90 before surgery. "It is always the nursing care that is blamed if stitches do not heal. It is only fair to the nurse that the child come to her in as good health as possible."

Secondly, the child is allowed no visitors while he is with her. Each day, Mrs. Carstensen telephones the parents, or sends them a post card, reporting on the child's progress.

However, when it is time for the patient to go home, Mrs. Carstensen spends several hours with the parents, teaching them how to care for the child. To the parents, the physical care is most important and Mrs. Carstensen repeats and repeats so that every detail is understood.

In her estimation, however, the big factor is speech training. "Even though a child has a perfect repair, he will continue to have a degree of what we call cleft palate speech. He must have special speech training in correct enunciation, or the surgery will be wasted."

Because the parents, with whom the child spends most of its time, are the most important speech influence, they must enunciate clearly every word they speak to the child. They must require the child to speak clearly to them. Mrs. Carstensen advises against baby talk. She tells the parents, "Your child will need every help you can give it, but the results are worth all your efforts."

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preciate is that the child has been part of a real home situation. Consequently, he re-adapts easily to his own home, without having to overcome "institutionitis."

"Even a tiny baby needs the emotional security of being picked up, loved and patted," maintains this nurse. "Mothers or nurses who are overdoing scientific care need to look at a baby with love, speak to it and caress it. Firmness of discipline can go right along with tender, loving care."

For Myrtle Carstensen, nursing these cleft lip and cleft palate cases is her life. Although for months at a time she cannot leave home, her books, music and garden make such a restricted life bearable.

"As I see cleft palate and cleft lip nursing, this is purely a one-woman's job," says Mrs. Carstensen. "Having one individual giving 24-hour care for a child has worked out better than employing several nurses. I've tried having a graduate nurse on duty here at night but I find it better to have a housekeeper relieve me of cooking and cleaning, leaving me free to do around-the-clock nursing. Any nurse could have results like mine, if she had the exclusive care of her patient.

"There is a real bond between myself and these children," she says with conviction. "It seems because of their affliction that a compensating Power has given them unusually lovable personalities." And a true spirit of nursing has provided Mrs. Carstensen with a satisfying and full professional life. FREE to Nurses

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## R.N. Speaks

[Continued from page 31]

book at all is questionable. If so, then his interpretation is mightily beclouded by his personal thinking.

It should be said here that Mr. Davis' remarks do not represent the official viewpoint of the AHA or the Kellogg Foundation with which he is connected. Although his book review has been withdrawn and will not be published in the American Journal of Nursing, his words have been heard and believed by a sufficient number to set up more counter-irritation to Dr. Brown's recommendations. This does not mean that there wasn't any opposition at the outset—there was, and is, and will continue to be.

Also, it is doubtful that Mr. Davis' remarks met with the approval of the "Permanent Continuing Conference on the Improvement of Patient Care." a committee made up of the executive directors of hospital, medical and nursing organizations. This Conference was formed to explore and promote better understanding between medical staff, nursing staff, and hospital administrators which would contribute to better patient care. One of its many purposes is "to establish a medium for the elimination of unilateral statements of major policy without previous consultation." We are wondering with whom did Mr. Davis, a member of this Conference, consult?

Maybe some of these organizations would agree wholeheartedly with Graham Davis' viewpoint—need-

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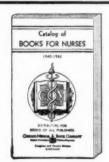
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less to say, others would emphatically not. On the subjects of nurse education and the auxiliary worker there are no two ideas alike. Every consumer and dispenser of nursing services has his own solution—and no one at the moment is in the mood for compromise. Graham Davis is a good example of the thinking at one end of the pole and the National League of Nursing Education of that at the other.

The professional nurse organizations have been accused of not meeting their obligations; consequently, all interested parties have stepped in with their solutions. In the interest of providing for the needs of the patient in the most economical wayin dollars and cents—the professional nurse's education and output has been dissected, studied, and evaluated. She has been held up to the light and examined, and has been found wanting by all except her own nursing organizations-but even individuals within these organizations whisper their dissatisfaction.

The American Medical Association recommends that there be two classes of nurses: one class, the professional nurse group which would be subdivided into the nurse educators and the clinical nurses; the other, the trained practical nurse. Those nurses with collegiate training and those demonstrating an aptitude for teaching, administration and supervision, would fill the upper level jobs. Clinical nurses, today's general and private duty nurses, would still be classified as professional nurses but their training period should be reduced to two years. For the trained practical nurse, the AMA committee, appointed to study the nursing problems, recommends one year's training consisting of three months theoretical and nine months practical training. This training could be supplied completely in hospitals or the three months theoretical training under the department of education and the rest in hospitals. Also it suggested that provision be made and credits allowed the selected trained practical nurse who wishes to advance to the grade of clinical nurse. As our regulations stand now, the individual State Board of Nurse Examiners would not permit this last recommendation as all professional train-



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ing must be taken in a professional school of nursing, but at least the AMA doesn't suggest that the credits begin in the cradle as does Graham Davis.

Dr. Charles F. Wilinsky, executive director of the Beth Israel Hospital in Boston and a trustee of the AHA, believes that we should consider four levels of nursing and our educational system should be revamped to provide for them. He thinks it would be wiser to make a choice of opportunities such as: a short course comparable to that offered to nursing aides during the war; another type of training for a period of no more than one year offering opportunities for the training of attendants and practical nurses; the three-year training course for graduate nurses; and the course

of five or more years in which are combined instruction in nursing and a college education leading to the A.B. or B.S. degree as well as that of R.N. at the end of the training period.

However, the American College of Surgeons, through its spokesman Dr. Howard C. Naffziger, has frequently said that less costly nursing care is needed, and this care cannot be less expensive if the nurse continues to spend the present number of years getting educated. Dr. Naffziger believes that R.N.'s already represent a too large investment in education for some of the tasks they perform, and that higher education for any considerable number would be economically unsound. He complains that with the increased centering of attention



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Removing outward fish hook on Regular Point



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upon elevating the standards of the nursing profession there has been a decreased emphasis on the care of the patients. His association advocates a two-year basic training course for professional nurses with additional graduate work for those who wish to specialize.

This line of thinking is not confined to doctors and hospital administrators alone. Many professional nurses—from general duty to deans of collegiate schools—have voiced their opinions endorsing the idea of the two-year basic nursing course with further study for the specialties and degrees.

Sister Rosa of St. Joseph's Central House, Emmitsburg, Maryland, has gone on record as urging a system which would compress in a two-year course the essentials required to make a good bedside nurse and supply a firm foundation for those who wished further training. On the other hand, Lucille Petry, Chief, Nursing Division, United States Public Health Service, is convinced that the curriculum should be expanded to include training in various specialties. She believes that even after three vears of basic training, the R.N. is inadequately prepared to meet today's community needs.

Dr. Brown supports the idea of experimenting with shortening the three-year course for she doubts that it takes that time to produce a bed-side nurse to carry on simple nursing procedures, but she strongly urges that the course of study be improved. Her singularly startling recommendation is that graduates of this short-

ened course or the present three-year course be considered nonprofessional nurses in contrast to the professional graduates from the collegiate schools. The recommendation to change the diploma school graduates' classification is a touchy one but one we must face honestly. We have to admit that there are many among us who have not the capacity to be considered professional people, and are not seriously interested in attaining that level, but there are also a number who jealously guard the title whether they qualify or not. The levels of nursing within nursing will not concern doctors and hospital administrators as much as they will nurses themselves. Doctors and hospital administrators are interested in supplying nursing care to their patients. When anything disrupts that supply and their patients go unattended, then they are opposed to the disrupting influence-a natural reaction.

When these varied viewpoints are analyzed, the prevailing thinking seems to spell out four important questions that need decisions which will be mutually agreeable to all concerned. The first, should the threeyear basic training course be accelerated and reduced to two years with further training in specialties taken in the post graduate period? The second, should the education of all nurses be taken out of hospitals and put in institutions of higher learning or only the education of that small segment of nurses who aspire to a truly professional level? The third, should there be two levels within nursing—the professional and

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nonprofessional—the nonprofessional including the graduate bedside nurse and practical nurse; or should the levels be divided with the professional nurse, including degree R.N.'s and diploma graduates, on one level and the practical nurse on the other? The fourth, should the sick continue to pay for nursing education; should this training be supported by Federal funds; should student nurses' tuition fees meet the cost of their education?

Eventually, these decisions will be made. Whether there is unanimity on one, two or all, a working agreement *must* be reached. Nursing cannot stand alone; cannot solve all of its own problems singlehanded, for it touches' allied fields on too many sides.

Today all the cards have been played; all sides know the others' convictions. Nurses, doctors and hospitals can reach an understanding providing they remember that patient care, not personalities, is the most vitally important aspect of the solution. Now is the time when an irresistible force has met the immovable object—is it to be compromise or conversion?

-ALICE R. CLARKE, R.N.

The Rockefeller Foundation has purchased 2,500 copies of Dr. Esther Lucile Brown's report, "Nursing for the Future," for foreign and domestic distribution. Five thousand copies of the book have been printed; an additional 5,000 are now being reprinted.

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result in more excuses and yawns than wide awake attendance, it's time for your programs to receive a hypodermic.

Wise presidents or program chairmen will see to it that the board irons out most of the kinks before business goes to the meeting for discussion. Final decision on important matters, however, should be made at meetings so members will feel responsibility in "belonging."

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CENTIFIED

The really successful president will call for opinions from a number of members, in this way drawing out those who would be hesistant, yet may have excellent ideas. This eliminates linen room gripe sessions where matters are mulled over much too late.

Programs can be made so interesting that the members will miss them only with reluctance. Two points of view were heard recently. One secretary said, "The general book review on non-nursing subjects, or other pure entertainment, has no place at a nurses' meeting that should always

cover professional subjects." These members miss a lot; never have a Christmas party or a summer barbecue. Another viewpoint was demonstrated when a nurse commented. "We've had so many general subjects at meetings that I'm starved for professional information. If we don't get some good lectures by doctors soon, I'm going to ask the doctors for personal talks on topics I need to know." To offset this and keep programs timely, pass out slips of paper and ask members to note suggestions of subjects or speakers they would like to hear.

The good program chairman not only secures a speaker, but turns in publicity on him, checks the day before to be sure he remembers his appointment, and meets him at the door to see that he is properly introduced. Transportation should be provided for speakers if necessary.

One painful but important duty of the program chairman is to be sure that her speaker does not talk on and on. The kindest way is to tell him beforehand how long he is to

november R.N. 1948





speak, and perhaps lay a watch on the speakers' table. The program chairman might even say, "I'll be sitting in the back, and will stand up to give you one minute warning, if you wish." These precautions prevent the embarrassing duty of breaking into an interminable speech, although sometimes this must be done.

Panel discussions can provide lively sessions for programs. To limit them the panel chairman can announce, "Each of our speakers will have five minutes, and after all four speak, we will allow each a minute for afterthoughts or rebuttal. Then the meeting will be thrown open to 20 minutes of audience discussion." The chairman can quite openly time the speakers and rise to her feet when each should conclude.

When committees are to be appointed, a prepared set of names will enable the president to pass around the duties and privileges, instead of constantly calling on those members she knows. Total member participation is an organization's life line.

Food and music for the programs? Both can be happily included. Try nurses' choruses, local high school, college and service club choirs, as well as conservatories and widely known choral groups and orchestras. Music teachers often have pupils who welcome chances to perform.

Food can do wonders! Nothing will make a stiff group unbend faster than grilled frankfurters and cokes, or perhaps steaming bowls of chili served with garlic bread. Whatever you serve, do it with a flair.

-RUTH B. SCOTT, R.N.

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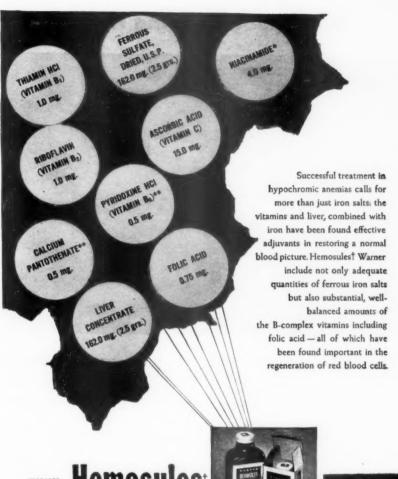
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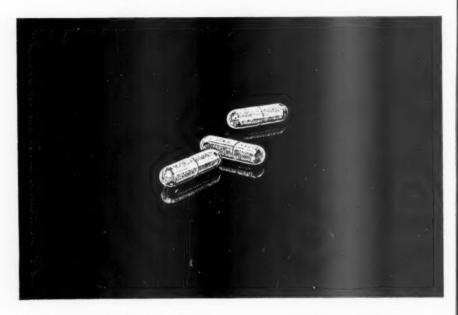
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-bematinic capsules - are available in bottles of 96 and 250.

# What's Sugar Doing Here?



The sugar-coated pill is proverbial, but sugar has hundreds of other uses in pharmacy. At one time sugar was the only "drug" used in pharmacy and it is still recognized as one of the three pharmaceutical necessities—alcohol and glycerin being the other two.

A favorite food, sucrose is also used as a preservative . . . as a solvent . . . as an antioxidant . . . as a stabilizer. It is used to mask bitter tastes . . . as a demulcent . . . as a binder . . . as an excipient, and otherwise. More than 35,000 tons of

sugar go directly into prescriptions and preparations every year.

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Much more enters into pharmacy through the derivatives of sugar. Basic chemical changes of sugar are yielding new useful drugs. Among those on which work is progressing are chemicals having marked analgesic and bacteriostatic properties.

Information about these Foundation studies and the role of sugar in pharmacy will be sent on request.

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#### News

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[Continued from page 55]

- ▶ THE NORTH CAROLINA State Nurses Association, at its 46th annual convention last month, voted to accept Negro nurses as members, thus reducing to eight the number of states that have so far not provided membership for Negro nurses.
- ▶ "THE EGG" at Jefferson-Hillman Hospital, Birmingham, Ala., went haywire recently. Instead of recording brain impulses (as a usually well-behaved electroencephalograph should), the device-affectionately known as The Egg-suddenly began to spout jive, baseball scores, police calls, soap opera, etc. Baffled technicians, amazed at hearing radio programs on a machine which has no loud speaker, thought the sounds came from The Egg's sensitized needle-tips. At last report, however, nobody had been able to give a satisfactory explanation of the phenomenon.
- ▶ A FIVE-YEAR PLAN to elevate the standards of hospital administration was announced by the American College of Hospital Administrators at its recent annual convention. The program, to cost \$425,000, includes a provision for scholarships, as well as a study of means to recruit qualified young persons for administratorships. New president of the college, Jessie J. Turnbull, R.N., superintendent of Elizabeth Steel Magee Hospital, Pittsburgh, is the first woman to hold the post.

- ► REGIONAL HOSPITAL plan adopted a year ago at New York University-Bellevue Medical Center is to be expanded from seven affiliated institutions to 10. More than fifty other hospitals in the area have applied for affiliation, according to recent announcement. The plan, similar to programs developed in Maine, Michigan and elsewhere, provides postgraduate training at the medical center for staff physicians of affiliated hospitals in outlying cities and towns. It also enables such hospitals to obtain the consulting services of the university's medical faculty.
- ▶ ESKIMO VACCINATION program, undertaken by the Government at Point Barrow, Alaska, resulted in examination of 600, of whom 250 were given BCG innoculations. Last month, Bureau of Indian Affairs announced that a team of AMA doctors would conduct a medical survey on Navajo-Hopi reservations located in New Mexico and Arizona.
- ▶ HIGHLIGHTS of the recent AHA convention: Opening session brought a strong attack on the Ewing plan for compulsory health insurance . . . Joseph G. Norby, new president of the Association, urged that hospitals widen their services to the community "in a way and at a price that is both satisfactory and acceptable to the people" . . . Attendance at the convention totalled 7,500 . . . Walter D. Fuller, president of the Curtis Publishing Company, Philadelphia, declared that hospital authorities are

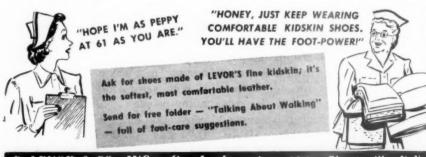
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doing "a miserable job" in the matter of public relations at the local level . . . Senator Lister D. Hill (D., Ala.) predicted that the next Congress would establish a national foundation for intensive medical research on a wide scale . . . Citations and honorary membership in the Association were presented to 51 individuals for their contributions to health advancement . . . James A. Hamilton, past president of the AHA, received the 1948 award of merit . . . Dr. Thomas Parran advocated the formation of a world hospital association . . . Nine philanthropic foundations were awarded bronze plaques for outstanding efforts in the health field.

▶ RADIO LISTENERS in the Chicago area heard a new kind of serialized health program last month. Entitled "It's Your Life," the Mondaythrough-Friday daytime show features tape-recorded, unrehearsed interviews with anonymous Chicagoans who relate actual experiences in solving health problems of their own. Introduced over Station WMAQ on a trial basis, the show will move to a

national network if it clicks with local audiences. The AMA Council on Industrial Health has endorsed the program, which is produced and leased by the Chicago Industrial Health Association and sponsored by Johnson and Johnson, New Brunswick (N.J.) pharmaceutical house. According to AMA sources, the arrangement is believed to be unique in radio annals—the first time a show produced by a voluntary agency as a public service has been underwritten by a commercial sponsor.

- ▶ JOB OPPORTUNITIES for women who wish to become medical artists, librarians, photographers, etc., are described in a recently published report of the U.S. Women's Bureau. The report is entitled "The Outlook for Women in Occupations Related to Science."
- ▶ DIAMOND JUBILEE of Nursing is being officially inaugurated this month with special ceremonies during Nursing Progress Week (November 14-20) in memory of Linda Richards, America's first professional nurse. The Jubilee, marking the 75th



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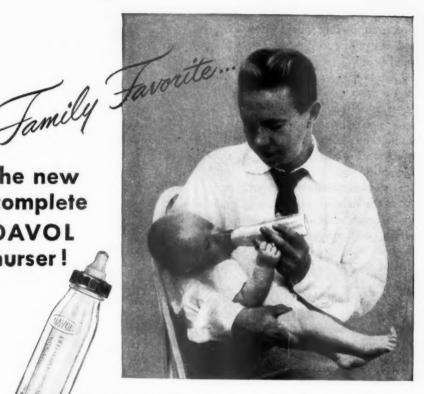
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the new complete DAVOL nurser!



Better for baby, easier for mother— (or daddy, nurse, sister, sitter!)

Famous Anti-Colic\* Nipple copies the maternal nipple — with its short fleshlike tip and firm sloping shoulder. This near-to-nature construction encourages natural sucking action, vital for proper development of mouth and jaws.

Slimmer, streamlined bottle is faster to fill and clean. Easier to hold. Rubber seal keeps nipple and formula sterile in refrigerator; while traveling. Plastic collar holds nipple firm throughout feeding.

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anniversary of Miss Richards' graduation from nursing school (New England Hospital for Women and Children, Boston), will continue during 1948-49 twelvemonth under ANA auspices and the sponsorship of a committee of 70 nationally prominent persons, including President Truman and former President Hoover. According to ANA sources, the Association hopes the Jubilee will focus public attention on such matters as the extension of nursing services. improvement of schools, economic security for nurses, adequate licensure laws, and recruitment of 40,000 additional students.

▶ 1948 LASKER AWARDS for outstanding work in the medical field are being presented this month to Drs. Selman A. Waksman of Rutgers, Rene J. Dubos of Rockefeller Institute, Vincent du Vigneaud of Cornell, Martha M. Eliot of the U.S. Children's Bureau, and Rolla E. Dyer of the U.S. Public Health Service. Group award goes to the Veterans Administration, with special honor to Drs. Paul R. Hawley and Paul B. Magnuson, former and pres-

ent medical director, respectively.

- ▶ MEDICAL ATROCITIES, such as the concentration-camp crimes perpetrated by Nazi doctors during the last war, were the subject of prevention-study at the Congress of the World Medical Association. Proposal was made that doctors the world over subscribe to a revision of the Hippocratic oath forswearing all barbarities and experimental practices which could be classed as crimes against humanity.
- ▶ OSCAR EWING and his compulsory health insurance scheme [R.N., Oct.] have stirred up widespread criticism. Some typical examples:

AMA Journal declared that "The greatest folly in the world is the manner in which Great Britain embarked on a nation-wide health service . . . and an even greater folly would be the attempt to offer a similar service in the United States."

Frank C. Rand, chairman of the board of the International Shoe Company, St. Louis, termed the plan "socialized medicine in its most exaggerated form." [Turn the page]

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They're ARMOUR quality
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# Dennison DIAPER LINERS

Physicians and nurses have found that Dennison Diaper Liners make the diaper problem simpler and easier for new mothers. Physicians and nurses recommend Diaper Liners because they are sanitary and so soft next to baby's tender skin that they help prevent chafing and help guard against diaper rash.

Diaper Liners make diaper washing much less disagreeable. Hours of hard scrubbing are eliminated. The Liner is simply folded inside diaper. When soiled, the Liner is flushed away. Quick, simple, easy!

Suggest Dennison Diaper Liners to new mothers, and to your hospital, too. The cost is only a few cents a day.

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FREE Please send me a whole day's supply of Dennison Diaper Liners.
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Lewis L. Strauss, a member of the Atomic Energy Commission and a hospital trustee, attacked Federal aid as a trend "that can only end in an atrophy of those qualities which have made us a great nation."

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Harold E. Stassen, president of the University of Pennsylvania, and Gen. Dwight D. Eisenhower, president of Columbia University, warned that Federal control of medicine would mean loss of individual freedom and a move toward statism.

The New York *Herald Tribune* summed up Mr. Ewing's approach to the national health problem as "putting the cart before the horse."

A group of hospital officials, meeting informally with President Truman at the White House, objected to the scheme as implying Federal control of the hospitals.

► ABOUT PEOPLE: Col. Julia C. Stimson, retired head of the Army Nurse Corps, died at Poughkeepsie, N.Y., on September 30 at the age of 67 . . . Marguerite C. Holmes has been appointed assistant professor of nursing education at New York University . . . New appointments to the staff of the Frances Payne Bolton School of Nursing, Western Reserve University, include Aileen Isabelle Hogan of New York City, Dorothy M. Turnage of Glendale, Calif., Mrs. Mary Jane Barrett Lowery of Tiffin, Ohio, Janet C. Scott, Sarah L. Hooper, and Ruth Patterson . . . Mrs. Gladys R. J. Wilson, formerly of the New Haven (Conn.) health department, has been made director of nursing for the Red Cross blood program in the North Atlantic area . . . Mary Adelaide Nutting, 90, professor emeritus of Teachers College, Columbia University, and internationally known in nursing education, died in New York City on October 3 after a long illness . . . Lieut. Edwina Todd (NC) USN, has been awarded her B.S. in Nursing Education at Teachers College, Columbia University. Miss Todd, one of the group of Navy nurses who were prisoners-ofwar at Los Banos in the Philippines. completed her course of study under the Navy post-graduate educational program . . . Florence E. Dunn has joined the staff of Rhode Island Hospital as assistant director of nursing service.

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▶ WORLD HEALTH Organization at its recent 30-day meeting in Geneva decided to give top priority to global campaigns against malaria, T.b. and V.D. For the time being, study and advisory action only will be taken on such problems as mental health, parasitic and virus diseases, and public health administration. Dr. Brock Chisholm, Canadian psychiatrist, was named director-general of the 68-nation group, and Geneva was selected as permanent head-quarters.

▶ DENTISTS as well as physicians were agog last month over the recent action of the American Dental Association at its annual meeting in Chicago. The ADA, long an opponent of compulsory health insurance, reiterated its stand on that issue; but it also went on record "as opposing

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# ...the Easy, Pleasant way to clean dentures!

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POLIDENT's chemical action saves you the trouble of messy handling. It dissolves food particles, mucin plaques and stains quickly and without scrubbing, abrasion or danger of breakage.

Send for a professional sample for trial, and see for yourself!

SOAK - 15 minutes in solution (or overnight) ... (1 capful of Polident to 1 glass of water)

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- ▶ POLIO, with 19,179 cases reported since January, showed slight signs of abatement last month. For the week ending October 2, a total of 1,527 cases were reported—compared to 1,608 the previous week. Hardest hit states during the late summer were California, North Carolina and New York.
- ► INTERNATIONAL Red Cross, meeting in Stockholm recently, adopted resolutions recommending (a) that national branches of the society cooperate with their respective national nursing associations in planning division of responsibility between professional nurses and auxiliary workers in time of major emergency, and (b) that in such emergencies, primary emphasis be placed upon short-term training of added auxiliary workers rather than upon reduction of professional-nurse training. The conference also adopted a new treaty for wartime protection of civilians, and called upon all nations to outlaw the atomic bomb.
- ▶ PAY CUTS affecting 279 nurses made news in New York City recently. The cuts, ranging from \$10 to \$370 a year, resulted from a switchover to civil service status for nurses employed by the city's health department. Previously, all nurses had been

hired on a provisional basis—and at varying rates. Under the new set-up, those who pass competitive civil service exams are given permanent appointments—at a starting salary (\$2,640 a year) established by the budget director. (The same figure will henceforth apply to those hired on a provisional basis.) So far, 83 nurses have been given permanent appointments.

- ▶ A POLL OF DOCTORS, conducted by *Medical Economics*, revealed that 61 per cent would refuse to participate in any Federal compulsory health insurance scheme, such as the Ewing or Wagner-Murray-Dingell programs. Only 15 per cent said they would participate; the remaining 24 per cent were undecided. The questionnaire was answered by 4,864 M.D.'s, a representative cross-section of all active practitioners in the country.
- ▶ JOHN L. LEWIS' United Mine Workers announced plans last month which eventually will guarantee free medical and hospital care to 400,000 soft-coal miners in 26 coal-producing states. The program, to be financed by the union's huge welfare fund, will utilize the services of private physicians and local hospitals as far as possible, and will cover maternity care as well as minor ailments and incurable diseases. At the outset, benefits will be limited to aged and incapacitated workers, special cases, etc. Eventually, the union plans to include a preventive-care program and to conduct medical research; if

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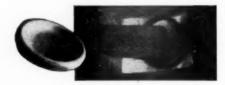
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need be, it may also build and operate its own hospitals. The welfare fund is supported by royalty payments from mine owners (20 cents a ton for every ton of coal mined).

- ▶ DENTAL SCHOOLS graduated 1,713 dentists during the 1947-48 academic year, Chicago sources report. The figure is the lowest since wartime when a peak of 3,212 were graduated.
- ► NEWSLINGS: Army V.D.-incidence is reported to be 50 per cent less than it was two years ago . . . Medical College of Virginia (Richmond) enrolled 96 new student nurses this fall, as compared to 62 last year. Totally, 310 are now in training there . . . According to Dr. Thomas Parran who returned recently from the Far East, the plight of Asia's children is "even more desperate" than that of Europe's . . . Hospital admissions jumped from 8.6 million in 1936 to 17.8 million in 1947 . . . The newly organized International Rescue and First Aid Association has named Dr. Marcellus A. Johnson of Roanoke, Va., as its first president . . . Army estimates it will be short 4,500 M.D.'s by July of next year.
- ▶ WARNING was issued last month by Food and Drug Administration that two batches of procaine hydrochloride (No. 24830 and No. 64712. manufactured by C. B. Kendall Company, Indianapolis) are dangerous. Dentists as well as physicians use the drug.



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## The R.N. Anesthetists

[Continued from page 43]

of the nurse anesthetist to patients, surgeons and society.

At Atlantic City in September at the Association's 15th annual meeting in conjunction with the American Hospital Association, it was reported that the membership, 4,325, had swelled to one hundred times the number of that of the original group which met that day in June, 1931 at Lakeside Hospital in Cleveland, Ohio. There are indications that the same driving force possessed by the first president of the organization, Agatha Hodgins, is stimulating the present leadership of the Association.

Included in this year's membership for the first time are five men nurse anesthetists who passed their qualifying examination this year. Those who were in attendance at the 14th annual meeting last year had voted to permit men nurse anesthetists to join the national association. The number of Negro nurse anesthetists allowed membership privileges has never been ascertained as the application blank does not require

that any mention of color be made.

Members from 31 states having organizations affiliated with AANA met to vote on issues of organizational importance at this past national meeting. As a young but expanding organization, there had been some discussion as to whether or not the current procedure of conducting the Association's business was not outmoded. With this in mind, a proposal for revision of the by-laws providing for a house of delegates-one delegate for every 25 members or major portion thereof -was on the agenda.

Proponents of this revision contended that it would give individual members a more representative voice in association affairs than does the present voting system, wherein the vote is held only by members attending the annual meeting.

Although it failed to gain support sufficient to bring the measure to a vote and was referred back to committee and state associations for furthur study, it was a certain sign of organizational growing pains.

An important accepted revision of the by-laws which will become ef-

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fective in 1951 was the extension of acceptable anesthesia training courses from an eight-month period to one year. This change will affect the prerequisites of those interested in taking the qualifying examination. Some of the other qualifications needed for eligibility are: The applicant must be a registered professional nurse, a graduate of high school or its equivalent, and also an accredited school of nursing: she or he must have passed State Board examinations: must hold current valid registration in a state; and be between the ages of twenty-two and thirty-five years. In addition, the Association recommends, but does not make it mandatory, that the applicant have at least two years of general nursing behind her. Also, though not imperative, surgical nurse experience prior to a course in anesthesia is considered desirable, for such background provides the anesthetist with more understanding of her duties and those of her fellowworkers.

Conducting the qualifying examination is only one of the many Association functions. The AANA pro-

vides its members quarterly with a technical journal, alternating with a news bulletin between issues; holds Assembly of Schools of Anesthesia annually as an aid to directors in their teaching program; makes available scholarships to nurse anesthetists interested in teaching; conducts an annual convention and institute in conjunction with the American Hospital Association; and for the benefit of the members, provides the services of a reference library.

As the demand for the well qualified nurse anesthetist increases, so will the number of anesthetists who request entree into this visionary Association-the leaders of which had enough foresight to realize the importance of a system of accreditation and the prestige of allowing only adequately educated nurse anesthetists to bear the stamp of the Association's approval. It is these competent nurse anesthetists who inspired allies like the College of Surgeons and enabled the AANA to maintain their professional integrity in face of the newest below-the-belt blows.

-ALICE R. CLARKE, R.N.



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# JohnsonsMUSTARD PLASTER EXTRA-LARGE SIZE

DIRECTIONS: Sook the plaster in lukewarm water (1 to 2 minutes) and apply to cheat (front, side or back). Remove plaster when skin is thoroughly reddesed, usually within 5 to 10 minutes.

CAUTION: Do not keep plaster on long enough to blister the skin-never over 15 minutes. If bilistering occurs because plaster is left on longer than 15 minutes, apply Johnson's Baby Cream or Petroleum Jelly to soothe the irritated area. When used on children or adults with sensitive skin, place a layer of wet gause or cloth between plaster and skin.

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# For chest colds

The time-proved mustard poultice in modern, ready-to-use form

The old-fashioned mustard poultice has long been recognized as sound therapy. For example, Blumgarten's "Textbook of Materia Medica, Pharmacology and Therapeutics," 1937, notes that rubefacients or counterirritants are useful "to relieve pain and tightness in the chest and congestion and inflammation in the lungs."

Whenever this type of treatment is indicated, you will find that Johnson's MUSTARD PLASTERS offer many advantages to your patients. Each plaster comes ready to use. Nothing to prepare. No mess. No fuss. On and off in a few minutes. Heats the spot, stimulates circulation, helps relieve chest colds, bronchitis, sore throat.

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Starting salary, general duty nurses, \$200 monthly, 44-hour week. \$10 additional, evening or night duty. Regular increases, month's vacation with pay, sick leave with pay, pension benefits, in-service educational program, opportunities for promotion, health service, residence facilities.

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# KNOW MODERN GEL-COOKERY

Don't confuse Knox Gel-Cookery with factory-flavored gelatine dessert powders which are about 7/8 sugar. Knox, the real gelatine, is all protein, no sugar. New-day recipes in every package.

FREE ... New booklet, "Better Meals With Gel-Cookery," and Special-Diet Bulletins. Send post card to Knox Gelatine, Dept. V-6, Johnstown, N.Y.



KNOX GELATINE

# Nurses and Wills

[Continued from page 47]

good example of the last condition would be his omitting mention of a son or daughter because he erroneously believed them to be dead.)

Feeble-mindedness can be established by the testimony of a physician, but insanity is a more difficult problem. If John Jones left his magnificent estate as a home for scientists with the proviso that no clergyman of any denomination ever be allowed to cross its threshold, was he crazy? Such a fixed prejudice might raise a suspicion of insanity, but it would not necessarily be conclusive. Peculiar beliefs, ridiculous prejudices, mannerisms of dress, speech or mode of living have been held *not* to affect one's testamentary capacity, if the testator "knew the objects of his natural affection, the quality and quantity of his estate, and the disposition he desired to make of it."

Even if a person has been certified as insane and confined to an institution for the care of the insane, he may have lucid intervals. The nurse may be asked how he appeared to her when he signed his will and what his attitude was toward the people around him.

The same questions may arise regarding the effect of drugs upon a patient's mentality. For instance, if the patient had cancer and was continually receiving opiates or barbiturates, did they affect his mind to the point where he was incapable of rational action? The nurse cannot answer such a question in the strict

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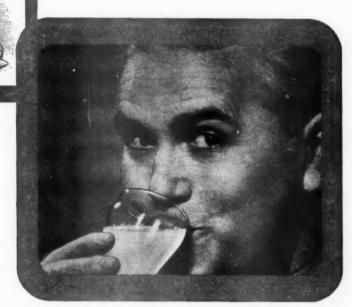
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# "Good Medicine"

... and a pleasant prescription for better health!



Today, good nutrition is good therapy, and high on the list of nutritionally valuable foods are the citrus fruits. Their tempting and refreshing forms, containing a veritable storehouse of essential nutrients,\* soundly recommend their routine inclusion in the patient's dietary.

Their content of natural vitamin C-so helpful in the restoration of tissue health and vigor4—is extraordinarily high. Their yield of easily-assimilated, rich fruit sugars2 is excellent; and by improving calcium retention,1 they quicken bone and blood building. The base-forming properties2 of the citrus fruits exert a highly beneficial effect throughout the alimentary tract1 and encourage systemic normality. And their refreshing, tart goodness is always a stimulus to flagging appetites.1

Florida citrus fruits and juices in the diet (either canned or fresh) -for growth, pregnancy, lactation, infant feeding, illness or convalescence -- is always a "good prescription for good health"!

FLORIDA CITRUS COMMISSION . LAKELAND, FLORIDA



\*Citrus fruits are among the richest known sources of vitamin C; they also contain vitamins A, B, G and P, and other nutritional factors such as iron, calcium, citrates, citric acid and readily assimilable fruit sugars.

#### References

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- Sherman, H. C.: Chemistry of Food and Nutrition, The Macmillan Co., 7th ed., 1946



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# There Are Good Positions Waiting For YOU!

NURSE ANESTHETIST: South. \$300, maintenance. Living quarters in nurses home; 75bed general.

OPERATING ROOM SUPERVISOR: East, metropolitan area. \$225 or more, maintenance, allow if live out: 340 beds.

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FREE SAMPLES!

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medical sense of the word, since she is not a physician, but she can tell how the patient appeared to her. Was he dull, apathetic, lacking in interest? Did he confuse the identities of the people around him? Did he have hallucinations and were they constant?

Another possible issue may be the removal of articles of value from the person, room or premises of the deceased immediately after death, or during coma or indifference just prior to death. (This is a matter of particular importance to the nurse because she may be accused of having taken them.) She will be asked what articles of value the deceased had about him - jewelry, bonds, rare books, a stamp collection or anything else of value which could be easily concealed or removed. If so, when and where did she last see these items, and who was in the room at the time or had access to the room?

A person later found to be in possession of such articles, but not mentioned in the will, may claim they were given to him by the deceased. In such cases there must have been delivery: that is, the deceased must have said "I want you to have all my jewelry. Here is the key to my safe deposit box. Go down and get it all out today," or words to that general effect, and handed over the jewelry or signed a withdrawal slip. If a bank account is in question, he must have signed a withdrawal slip and given the bank book to the person to whom he was making the gift.

The question may then arise, was this a gift *intervivos* or a gift *causa* 





Sis' sudden date finds her ready with shining hair, thanks to handy Minipoo!



When Ann catches cold, safe, dry, Minipoo keeps, her hair clean.



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Everybody loves the fragrant way Minipoo restores sheen, retains wave! The handy mitt applicator makes it quick and easy to use—no soap, water or drying! Minipoo removes oil, dirt, unpleasant hair odors!

# MinipoooTHE QUICK DRY SHAMPOO

30 Shampoos and handy Mitt in each package.

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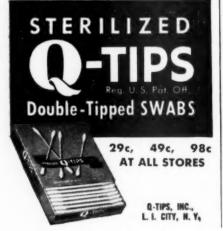


2.
DOUBLETIPPED
SWABS
SAVE
TIME



Q-TIPS
ARE
STERILIZED
AND
DOUBLETIPPED





mortis? That is, was the gift made with no thought of death, or was it made only because the patient thought he was about to die?

This is important because it affects the taxes due from the estate. It may also affect the validity of the will, since the court may rule that gifts in the expectancy of death were made in order to avoid including the gifts in the will where they would be taxable. In such a case the court might rule that the property should pass, not according to the will, but to the next of kin.

If the will is not found and is probated as a lost will, the nurse will be asked to testify as to the circumstances under which it was drawn, who was in the room, who witnessed it, when she last saw it, and who had access to the room where it was kept.

Thus in everything concerning wills, the R.N. should train her powers of observation, and record what occurs, so that she may be able to give evidence in a clear and factual manner. No matter how much she may have disliked the deceased or any member of his family she must never allow it to be apparent. Her testimony must conform to her oath as a witness: "I swear to tell the truth, the whole truth and nothing but the truth, so help me God."

When 17th Century Greek law forbade riding boots to all women, nurses were excepted, because their need of them when travelling to visit their patients was recognized. They were also permitted to carry daggers.



You help mothers save money and stretch their food budget when you recommend baby food in cans. In addition, you assure them of high quality and the safety of food hermetically sealed in cans. It has a very high nutritional value. American Can Company, New York, Chicago, San Francisco.

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# Gohnsons BACK PLASTERS symptomatically relieve BACKACHE

• First, these plasters provide mild counter-irritation which causes local and reflex hyperemia—helping to relieve congestion and muscle pain. Second, they provide some support and aid in immobilization. Their supporting effect tends to reduce pain and muscle spasm. Third, they provide warmth and protection to the painful area.

three ways

Johnson's BACK PLASTERS are particularly effective in cases of low back strain, sacroiliac arthritis, myositis, lumbosacral fascitis and intercostal neuralgia. These plasters are safe, convenient and known by patients. They provide continuous supportive treatment over a period of several days.

During trying days, Johnson's BELLADONNA PLASTER helps in

Here a Johnson's
BACK PLASTER is being
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two ways to relieve many of the annoying symptoms accompanying dysmenorrhea: 1. It provides the pharmacodynamic action of belladonna in full strength which is slowly absorbed and creates a mildly antispasmodic action in the uterine musculature. 2. It promotes warmth and support of aching back muscles thus helping to relieve that "tired feeling."

Write for liberal free supply of Johnson's BACK PLASTERS and BELLADONNA PLASTERS. Offer is limited to U.S.A. Dept. RN, Johnson & Johnson, New Brunswick, N. J.

Johnson's BACK PLASTER

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# POSITIONS AVAILABLE

In accordance with a recent change in policy, all notices in Positions Available are now considered paid advertising. The rate per insertion is \$5 for the first four printed lines, \$1 for each additional line. Count six words per line. Copy must be submitted to R.N., Rutherford, N. J., by the 10th of the month preceding publication.

ADMINISTRATOR: Unusually attractive appointment in 60-bed approved general hospital not far from Marietta, Ohio. Salary open. Woodward (formerly Aznoes) Medical Personnel Bureau, 185 N. Wabash Ave., Chi-

ADMINISTRATOR: School for mentally re-tarded children in suburb of Middle Western metropolis. Excellent staff; attractive salary. RN11-1, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago, 11, Ill.

ANESTHETIST: Latin America. Duties include supervising ward sections of modern hospitals operated under American auspices; \$325-\$390 plus living allowance. RN11-4, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

ANESTHETIST: Middle West. Assist two surgeons, Diplomates of American Board. College town; \$400-\$500. RN11-5, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

ANESTHETIST: 300-bed approved California hospital not far from San Francisco; 40-hour week; \$3,600 per year. Woodward formerly Aznoes) Medical Personnel Bu-reau, 185 N. Wabash Ave., Chicago 1, Ill.

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ASSISTANT DIRECTOR OF NURSES: East. 300-bed approved hospital. Experienced; able to handle personnel and assignments; \$3,000-\$4,000 with complete maintenance. Woodward (formerly Aznoes) Medical Personnel Bureau, 185 N. Wabash Ave., Chicago 1, Ill.

ASSOCIATE DIRECTOR OF NURSING SERVICE: Midwest. 276 beds. Degree in nursing education; \$287.50-\$312.50. Shay Medical Agency, 55 E. Washington St., Chicago 2, Ill.

CHIEF NURSE: Blood Center, staff ten nurses, Degree; two years' supervisory or administrative experience; salary range \$270 to \$344; 40-hour week; 18 days vacation; all holidays. Apply American Red Cross, So. Third St., Louisville, Ky.

CHIEF SUPERVISING NURSE: East. 125 bds. 5-day week; minimum \$250; 2-room apartment, private bath. Shay Medical Agency, 55 E. Washington St., Chicago 2, COLLEGE NURSE: Excellent opening on COLLEGE NURSE: Excellent opening on College Health Service of large co-educa-tional college in Chicago area. \$175 with maintenance. Woodward (formerly Aznoes) Medical Personnel Bureau, 185 N. Wabash Ave., Chicago 1, Ill.

DELIVERY ROOM NURSE: Relief supervisor; unusually fine connection; one of California's best hospitals; \$250; 44-hour week. Business and Medical Registry (agency), 553 S. Western Ave., Los An-geles 5, Calif.

DIETITIAN: General hospital; salary open. and sick leave after six months. Apply Woodstock Public Hospital, Woodstock, Ill. 8-hour day, 6-day week; vacation after

DIRECTOR OF NURSES: Qualified to direct nursing service in hospital without training school; located convenient to New York City; good future. Apply Superintendent, Bergen County Hospital, Ridgewood, N.J.

DIRECTOR OF NURSES: 100-bed approved general hospital in resort area near New York City. Degree required; \$3,600 per year with complete maintenance. Woodward (forwith complete maintenance. Woodward (for-merly Aznoes) Medical Personnel Bureau, 185 N. Wabash Ave., Chicago 1, Ill.

DIRECTOR OF NURSING SERVICE: South. New, modern hospital; average census 170 daily; town of 50,000 near university medical center; \$4,440-\$5,440, RN11-7, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

DIRECTOR OF OUTPATIENT DEPART-MENT: East. Rapidly growing teaching hospital; university m dical center; administrative experience necessary; salary open to discussion. RN11-8. Medical Bureau (Bur-neice Larson. Director), Palmolive Bldg., Chicago 11, Ill.

EDUCATIONAL DIRECTOR: Training school conducted under American auspices outside Continental United States; knowledge of French desirable. RN11-10, Medical Bu-reau (Burneice Larsen, Director), Palmolive Bldg., Chicago 11, Ill.

EDUCATIONAL DIRECTOR: West. 200-bed approved general hospital. Well-quali-

fied; several years' experience; \$3,000-\$4,000 per year with maintenance. Woodward (formerly Aznoes) Medical Personnel Bureau, 185 N. Wabash Ave., Chicago 1, Ill.

EXECUTIVE SECRETARY: Fifth District, Florida State Nurses' Association; degree required; state experience. Address application to Euradeen Stafford, Jackson Memorial Hospital, Miami 36, Fla.

GENERAL DUTY NURSES: For 43-bed general hospital; 32 miles from Nashville; salary open; full maintenance. Also surgical nurses. Rutherford Hospital, Murfreesboro, Tenn.

GENERAL DUTY NURSES: Michigan. All shifts; good salary, full maintenance; vacation, sick leave; small general hospital within 15 minutes' drive of vacation center. Write to either F. J. Ruenauver, Room 1, Court House, or R. DeVol, Boardman Valley Hospital, Traverse City, Mich. All inquiries answered.

GENERAL DUTY NURSES: 65-bed hospital; 8-hour duty, 6-day week; alternating shifts; two weeks paid vacation after one year; sick leave after six months; attractively located hospital in Northwest Florida; good salary with meals and professional laundry furnished. Apply Superintendent, Jackson Hospital, Marianna, Fla.

GENERAL DUTY NURSES: Maryland. Relatively new 100-bed general hospital; bus service to nearby Washington, D.C.; \$208 plus \$10 and \$15 respectively for night and evening duty; vacation with pay; sick benefits. Apply Directress of Nurses, Prince George's General Hospital, Cheverly, Md.

GENERAL DUTY NURSES: Southwest. Interesting opportunity; rehabilitation center for post polio cases; unit of national organization; \$200 plus full maintenance; several openings. RN11-11, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

GENERAL STAFF DUTY NURSES: General hospital. 66 beds, 10 bassinets; good personnel policies; salary \$200; maintenance deducted; allowance made for evening and night duty. Apply Director of Nurses, Hospital, Lake Forest, Ill.

GENERAL STAFF NURSES: Eligible for Colorado registration. 200-bed general industrial hospital; salary \$200; \$15 additional for 3-11 and 11-7; 44-hour week. Apply to Director of Nursing Service, Corwin Hospital, Pueblo, Col.

GENERAL STAFF NURSES: 5-day, 40-hour week; positions in post operative, surgical and medical departments, surgical and medical tuberculosis units, and operating rooms; 8-hour day begins at 7:30 or 8; six holidays with pay; 12 days' illness pay; 12 days paid vacation yearly; salary full cash basis; rotating duty \$205 minimum, \$215 maximum; additional \$5 per month for permanent evening or night duty. Room charge of \$20 per month for nurses desiring to live in nurses' residence. Promotion to assistant and head nurse positions made from staff members. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GRADUATE NURSES: Supervisory duty in California hospital for tuberculosis; ideal winter climate; good living and working conditions; salary starts \$245 per month. Write Director, Tulare-Kings Counties Hospital, Springville, Calif.

GRADUATE NURSES: Beginning salary \$180 including \$30 bonus and full maintenance; 16 holidays; two weeks vacation; five days off per month. Apply Director of Nurses, Essex County Isolation Hospital, Belleville, N. J.

GRADUATE NURSES: Southern California in Los Angeles. \$221 month; room and maintenance available; 40-hour week; paid vacation; sick leave and other Civil Service Benefits. Inquire Los Angeles County Civil Service, 102 Hall of Records, Los Angeles 12, Calif.

HEAD NURSE: Medical floor; salary \$221; pleasant climate and living conditions; near famous resort. Apply to Director of Nursing Service, Corwin Hospital, Pueblo, Col.

HEAD NURSES and GENERAL DUTY NURSES: 40-hour week: salary \$200 per month with uniform laundry. Apply Superintendent of Nurses, Ada County Hospital, Boise, Idaho.

INSTRUCTOR, CLINICAL: South. Department of nursing, state university; teach ward

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Clearer, softer, more alluring skin, radiant new tone can be yours when you lather-massage your face regularly twice daily with fragrant, mildly medicated Cuticura Soap. To help clear up externally caused pimples, follow nightly cleansing with emollient Cuticura Ointment. A wonderful complexion help. Try it!

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No other mouthwash has the same thorough cleansing and stimulating action on mucous membranes.

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Medium 81/2 to 101/2 Long 91/2 to 11

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Please send me-prs. Style 510-W White Nylons in size-( ) Check ( ) Money Order enclosed \$-

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Address City Styles in newest Fall and Winter Colors also available.

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Ann Woodward Director

Estate, R.N.

TEN TO ONE, the most valuable piece of property a nurse possesses in her own right is the training and experience which insure her future. On this property she deserves the highest possible return in personal satisfaction and income . . When you believe you can invest your personal assets to better advantage—and many nurses are now doing just that!—you can entrust your "estate" to us. Fifty-two years' successful counselling with nurses has prepared us to help you, too.

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administration, ward instruction, supervision to graduate nurses; appointment carries faculty rank. RN11-13, Medical Bureau (Burnece Larson. Director), Palmolive Bldg., Chicago 11, Ill.

LABORATORY TECHNICIAN: Midwest. Woman. 5-day week; \$250, meals and laundry. Shay Medical Agency, 55 E. Washington St., Chicago 2, Ill.

LABORATORY TECHNICIAN: Old California city on ocean; ideal climate; recommended hospital connection; 44-hour week; \$235 with full maintenance. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

MALE STAFF NURSES: General hospital. 8-hour day; 6-day week; alternating shifts 7-3, 3-11 on medical and surgical floor and 3-11 shift in surgery; salary \$150 for 7-3, \$160 for 3-11 and 11-7 with maintenance; vacation after one year; sick leave after six months. Apply Woodstock Public Hospital, Woodstock, III.

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MEDICAL RECORD LIBRARIAN: Small approved hospital in San Francisco Bay area; 44-hour week; \$260. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

NURSE ANESTHETIST: \$250 monthly plus complete maintenance. Apply to Director, Middlesex General Hospital, New Brunswick, N.J.

OPERATING ROOM NURSE: New Jersey. Pediatric hospital; metropolitan district. Contact Director of Nurses, Babies' Hospital, Coit Memorial, 15 Roseville Ave., Newark, N.J.

OPERATING ROOM NURSES: 150-bed accredited general hospital; salary \$1 per hour to start with additional compensation for call-time; 44-hour week; vacation and sick leave with pay; rooms available \$10 to \$18 per month in nurses' home. Write Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

ORTHOPEDIC NURSE CONSULTANT: Florida Crippled Children's Commission. Qualifications must meet requirements established by this agency and include orthopedic training and public health. Apply giving qualifications and experience to Dr. L. J. Graves, Director of Services, P. O. Box 1028, Tallahassee, Fla.

PUBLIC HEALTH NURSE: Pacific Northwest. Training in venereal disease investigation and control; 5-day, 40-hour week; 866 weekly; early increase. RN11-15, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

REHABILITATION NURSE: Chicago. Large industrial company; duties consist of handling workmen's compensation cases, visiting nursing. RN11-16, Medical Bureau (Burneice Larson, Director), Palmolive Bldg., Chicago 11, Ill.

REGISTERED NURSES: Attention! Now that you have decided to come to California

104

november R.N. 1948



significant difference

Two-year study with human subects results in practically twin records of health and growth for those fed butter and those fed fortified margarine like Nucoa.\*

This research, carried out recently by workers in the children's department at the University of Illinois College of Medicine, holds special interest because it is the first comprehensive study of its kind made with human subjects.

267 children, divided into two approximately equal groups, were fed supervised diets in which nutrients were the same. except that one group was fed fortified margarine and the other butter for table at. Trained personnel examined the childen's blood and kept regular height and weight records.

THE RECORD: No significant difference! The margarine-fed children grew just as well as hose fed butter. Their realth record was

equally good. No unfavorable effects were detectable in their blood.

THE CONCLUSION: "Growing children experience normal growth in height and weight when their diets contain only fortified margarine as table fat, as shown by comparison with children fed on similar diets with butter as the source of table fat, and by comparison with standard height and weight tables."\*

THE APPLICATION: As teachers, health guardians, and advisers in promoting good nutritional habits in homes at all income levels, you will welcome this new evidence of the food value of margarine.

You will want to familiarize yourself with the use of margarine in cooking and on the table in your own home. Be sure to try Nucoa margarine. The controlled uni-

> formity of Nucoa's flavor and texture, freshness and year-round vitamin A value, make Nucoa an outstanding example of just how good margarine can be. \*See Jrnl. of the American Medical Association, Vol. 136, No. 6, P. 388



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America's most popular margarine

ADE BY THE MAKERS OF BEST FOODS AND HELLMANN'S REAL MAYONNAISE

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to work, consider the Stanislaus County Hospital at Modesto your future home. We are offering the following: staff nurses \$211 for 7:00 A.M.-3:00 P.M.; \$221, 3:00 P.M.-1:00 P.M. or 11:00 P.M.-7:00 A.M.; O. B. and Contagion \$221 for 7:00 A.M.-3:00 P.M.; \$231, 3:00-11:00 P.M. or 11:00 P.M.-7:00 A.M. On July 1st of each year a \$10 per month raise will be given. 40-hour week, time and a half for overtime; 15 working days vacation; nine paid holidays; retirement plan and one day sick leave per month accumulated; room in nurses' home \$10 per month; laundry (uniforms) \$5 per month and meals 35 cents per meal. Modesto is only a two-or-three hour drive to the ocean, mountains or San Francisco; ideal spots to spend your two days off. Apply H. V. Maloney, Administrator, Stanislaus County Hospital, Modesto, Calif.

REGISTERED NURSES: Tuberculosis hospital; 620 beds; starting salary \$220 per month; maintenance valued at \$45 deductible; \$10 additional for evening and night duty; 21 davs paid vacation for one year of service; retirement benefits; staff educational program; opportunity for advancement; transportation allowance after first year of service. Apply by air mail to Director of Nursing, Leahi Hospital, Honolulu 26.

REGISTERED NURSES: For new floors; exceptional opportunity in new building; 44-hour week; beginning salary \$200 per month; regular increase every six months; liberal paid vacation, holidays and sick leave; meals and room available in new nurses' home at low cost. Director of Nurses, Mount Sinai Hospital, Chicago 8, Ill.

REGISTERED NURSES: 150-bed approved general hospital; straight 44-hour week; salary \$1 per hour; rotating schedule to start; bonus 60 cents evenings or nights; vacation and sick leave with pay; rooms available \$10 to \$18 in nurses' home. Write Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

STAFF NURSES; For modern 200-bed hospital; \$210 for 44-hour week, increase in six months; \$10 extra for 3-11 and 11-7 duty; seven holidays, 12 davs vacation, 10 davs sick leave yearly; cafeteria service; laundry furnished; room available \$10 a month. Apply Director of Nurses, Pontiac General Hospital, Pontiac, Mich.

STAFF NURSES: Starting salary \$2,520 a year including bonus and maintenance; regular increases; 8-hour day; liberal vacation and sick leave. Apply Superintendent of Nurses, Essex County Sanatorium, Verona, N.J.

STAFF NURSES: Base salary \$215; semiannual increases to \$230; afternoon, night and surgery nurses \$10 additional; 5-day, 40hour week; nurses included in the Social Security program. Apply Director of Nursing, French Hospital, San Francisco, Calif.

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booklet giving full details of Comparative Cost and Availability Study.

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